



St Dominic's Primary School Anaphylaxis Policy

St Dominic's Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

Introduction

St Dominic's Primary School seeks to facilitate the safe participation of all students in the educational experiences offered by the school. Where students are known to be at risk of anaphylaxis, parents/guardians/ carers are required to provide relevant information to the school to enable us to carry out our duty of care obligations.

Our school requires the active engagement of parents/guardians/carers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that comply with [Ministerial Order 706: Anaphylaxis Management in Victorian schools](#) and school boarding premises (Ministerial Order 706) for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

The Principal at all times ensures the school complies with Ministerial Order 706: Anaphylaxis Management in Victorian Schools (Ministerial Order 706). The school will also comply with the associated guidelines published and amended by the Department of Education (DE) from time to time to support implementation of Ministerial Order 706 in Victorian schools. The school's processes are documented in the procedures for the management of anaphylaxis in line with the Anaphylaxis Policy for MACS Schools.

Purpose

This policy ensures that St Dominic's Primary School provides, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments for their participation in school programs and activities.

Scope

This policy applies to:

- staff, including volunteers and casual relief staff
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction
- parents/guardians/carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

Principles

The following principles underpin this policy:

- St Dominic's Primary School's principal and staff are responsible in ensuring the safety and wellbeing of all students in the school environment.
- The principal and all staff work with parents/guardians/carers to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated, and minimised during school activities.
- The principal and staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and school approved activities.

Policy

St Dominic's Primary School engages with the parents/guardians/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies.

As reflected in Ministerial Order 706 and the school's Enrolment Agreement, parents/guardians/carers are required to provide the school with up-to-date medical information to enable the school to carry out its duty of care.

The principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians/carers, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for an anaphylactic reaction, where the school has been notified of the diagnosis, which includes an action plan for anaphylaxis in a format approved by the ASCIA (otherwise known as an [ASCIA Action Plan for Anaphylaxis](#)).

Parents/guardians/carers are responsible for the provision of an updated ASCIA Action Plan with any relevant changes to the student's medical condition as it relates to their allergy and potential for anaphylactic reaction, signed by the treating medical practitioner, together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are also responsible for providing an up to date photo for the ASCIA Action Plan when it is reviewed. For overseas travel or travel involving flights, an [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) is to be completed by a registered medical practitioner in conjunction with a red ASCIA Action Plan for Anaphylaxis.

Parent/guardians/carers must inform the school in writing if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan.

Parents/guardians/carers are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date.

The principal will ensure the storage and display of completed ASCIA Action Plans to facilitate access for staff e.g., in staff working areas, sick bay and classrooms.

Parents/guardians/carers must participate in an annual Program Support Group (PSG) meeting to revise their child's anaphylaxis management plan and update the plan based on medical advice.

The principal will purchase additional adrenaline autoinjectors for general use. They will decide on the type or brand of adrenaline autoinjector that is purchased for general use. These will be stored in the sick bay/first aid room and/or in the school's portable first aid kit as required. A First Aid Plan for Anaphylaxis and emergency procedures are to be stored or posted with general use adrenaline injectors. The principal is responsible for ensuring that general use autoinjectors are replaced at time of use or expiry, whichever is first. The expiry period is generally 12-18 months.

The principal must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start of each year to monitor the school's compliance with Ministerial Order 706 and monitoring obligations as published and amended by the Department from time to time.

The principal takes reasonable steps to ensure each St Dominic's Primary School staff member has adequate knowledge and training about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction. The principal is responsible for ensuring that all staff undertake and successfully complete appropriate training for anaphylaxis management in accordance with Ministerial Order 706. St Dominic's Primary School will conduct twice yearly anaphylaxis management staff briefings including information set out by the Department of Education (DE) for use in Victorian schools, with one briefing at the commencement of the school year.

Procedures to implement this policy are documented below.

Roles, responsibilities and reporting

| Role | Responsibility | Reporting requirement (if applicable) |
|---|--|--|
| Principal | Maintain a register of students at risk of anaphylactic reaction | |
| Principal | Ensure adequate autoinjectors for general use are available in the school and that they are replaced at time of use or expiry, whichever is first | |
| Principal | Ensure twice yearly briefings on anaphylaxis management are conducted, with one briefing held at the commencement of the school year | |
| Principal | Ensure staff have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off site activities and school approved activities outside school hours | |
| Principal | Ensure a communication plan is developed to provide information to all school staff, students, parents/guardians/carers about the school's policy and procedures for anaphylaxis management | |
| Principal | Ensure this policy is published and available to the school community | Annual attestation to the Executive Director |
| Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years | Conduct twice yearly briefings for all staff on anaphylaxis management using the briefing template provided by the DE for use in schools | |

Procedures

Communication with parents/guardians/carers for management information

The principal engages with the parents/guardians/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The principal will also take reasonable steps to ensure each staff member has adequate knowledge about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction.

The principal requires that parents/guardians/carers provide up to date medical information and an updated Individual Action Plan (ASCIA Action Plan) signed by the treating medical practitioner together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are requested to provide this information annually, prior to camps and excursions, and if the child's medical condition changes since the information was provided.

Individual Anaphylaxis Management Plans

The principal is responsible for ensuring that all students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's parents/guardians/carers.

St Dominic's Primary School requires the IAMP to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An interim management plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the IAMP is developed. The principal or delegate will develop an interim plan in consultation with parents/guardians/carers. Training and a briefing will occur as soon as possible after the interim plan is developed.

The IAMP will comply with Ministerial Order 706 and record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student ASCIA Action Plans

The student's IAMP will be reviewed by the principal or their delegate, in consultation with the student's parents, in all 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
- 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 parties, elective subjects, cultural days, fetes, incursions)

Refer to Appendix 1– **Individual Anaphylaxis Management Plan Template**

Refer to Appendix 2 - **The ASCIA Action Plan for Anaphylaxis**

Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

The Office and Administration staff and the Health and Safety representative communicates to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised, or attended by the school. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.

- All ASCIA plans and Where the plans and autoinjectors will be located – student and those for general use
- Procedures for camps, excursions, and special activities

Refer to Appendix 3 – **Off-site Risk Management Checklist for Schools**

Risk minimisation and prevention strategies

The principal ensures that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in areas where food is being served such as the Cafe
- during recess and lunchtimes
- before and after school where supervision is provided (excluding OSHC)
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

St Dominic's Primary School does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the Department of Education (DE) or the Royal Children's Hospital. However, the school avoids the use of nut-based products in all school activities, request that parents do not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

The principal will ensure that the Cafe provider and its employees eliminate or reduce the likelihood of such allergens, can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.

The principal or deputy principal and health and safety representative regularly reviews the risk minimisation strategies outlined in *Risk minimisation strategies for schools* considering information provided by parents related to the risk of anaphylaxis.

Refer to Appendix 4 – **Risk minimisation strategies**

Refer to Appendix 5 – **Annual Anaphylaxis Risk Management Checklist for Schools (Principal to complete)**

Register of students at risk of anaphylactic reactions

The principal nominates the office and administration staff and the health and safety representative to maintain an up-to-date register of students at risk of anaphylactic reaction. This information is to be shared with all staff and accessible to all staff in an emergency.

Register of students with anaphylaxis

- Information is recorded via student profiles, including in their physical and digital portfolios
- First Aid
- Office and administration staff and occupational health and safety representative

Location, storage and accessibility of autoinjectors

It is the responsibility of the principal to purchase autoinjectors for the school for general use and to ensure they are replaced at time of use or expiry; whichever is first. (Expiry date period is usually within 12–18 months). **General use autoinjectors are used** as a back-up to autoinjectors that are

provided for individual students by parents in case there is a need for an autoinjector for another student who has not previously been diagnosed at risk of anaphylaxis.

St Dominic's Primary School provides EPIPEN® (epinephrine injection) autoinjector for general use.

The autoinjectors are to be stored in the first aid room and school library office.

School anaphylaxis supervisors are responsible for informing school staff of the location for use in the event of an emergency.

When to use an Autoinjector for general use

The principal ensures that autoinjectors for general use will be used under the following circumstances:

- a student's prescribed autoinjector does not work, is misplaced, misfires, has accidentally been discharged, is out of date or has already been used
- a student previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline injector has their first episode of anaphylaxis
- when instructed by a medical officer after calling 000
- first time reaction to be treated with adrenaline before calling.

Note: if in doubt, give autoinjector as per ASCIA Action Plans. Please review [ASCIA First Aid Plan for Anaphylaxis \(ORANGE\)](#) and [ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#) for further information.

Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the emergency response procedures in this policy and [ASCIA First Aid Plan for Anaphylaxis](#) must be followed.

The principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

All staff are to be familiar with the location and storage and accessibility of autoinjectors in the school, including those for general use.

The principal must determine how appropriate communication with school staff, students and parents is to occur in event of an emergency about anaphylaxis.

Copies of the [ASCIA First Aid Plan for Anaphylaxis](#) and emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities, including the café.

Refer to Appendix 6 – **Emergency Response to Anaphylactic Reaction**

Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake one of two accredited training options.

Option 1. All school staff complete the online *ASCIA Anaphylaxis e-training for Victorian Schools* and have their competency in using an autoinjector tested by the school Anaphylaxis Supervisor in person within 30 days of completing the course. Staff are required to complete the ACSIA online training every two years.

The school Anaphylaxis Supervisor will have completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC – at no cost for Victorian Catholic schools from HERO HQ.

Option 2. School staff undertake face-to-face training Course in First Aid Management of Anaphylaxis 22578VIC. Accredited for three years.

St Dominic's Primary School requires all staff to participate in training to manage an anaphylaxis incident. The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

Staff undertake training to manage an anaphylaxis incident if they:

- conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction
- are specifically identified and requested to do so by the principal based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

St Dominic's Primary School considers where appropriate whether casual relief teachers and volunteers should also undertake training.

St Dominic's Primary School staff are to:

- successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the principal, who has successfully completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available, and the principal determines an appropriate anaphylaxis training strategy and implement this for staff. The principal ensures that staff are adequately trained and that enough staff are trained in the management of anaphylaxis noting that this may change from time to time dependant on the number of students with IAMPs.

The principal is to identify two staff per school or campus to become school anaphylaxis supervisors.

The school anaphylaxis supervisors are Michael Marasco and Michael Reilly

A key role undertakes competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school anaphylaxis supervisor, the nominated staff members need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g., Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC. At the end of the online training course, participants who have passed the assessment module are issued a certificate which needs to be signed by the school anaphylaxis supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff who complete the online training course are required to repeat that training and the adrenaline autoinjector competency assessment every two years.

Hero HQ has been contracted by the Catholic Education Commission of Victoria Ltd to deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC at no cost to Catholic schools. Training in this course is current for three years.

St Dominic's Primary School notes that Course in First Aid Management of Anaphylaxis 22578VIC is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706. School staff who have completed this course will have met the anaphylaxis training requirements for the documented period.

Twice Yearly Staff Briefing

The principal ensures that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing is to be conducted by the school anaphylaxis supervisor or another staff member who has successfully completed an Anaphylaxis Management Course in the previous two years. The school use the Anaphylaxis Management Briefing Template provided by the Department of Education for use in Victorian schools. A facilitator guide and presentation for briefings created by Department of Education is available in the resources section of the procedures.

The briefing includes information about the following:

- The school's legal requirements as outlined in Ministerial Order 706
- the school's anaphylaxis management policy
- causes, signs and symptoms of anaphylaxis and its treatment
- names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
- the school's general first aid and emergency responses
- location of and access to autoinjectors that have been provided by parents or purchased by the school for general use.

All school staff should be briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

- Staff are trained to Provide first aid management of anaphylaxis
- Staff training records are maintained and reviewed annually to ensure compliance.
- The anaphylaxis supervisors in the school are Michael Marasco and Michael Reilly

Anaphylaxis communication plan

The principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents/guardians/carers about anaphylaxis and the school's anaphylaxis management policy.

- Arrangements for twice yearly briefing for staff and briefings where required, such as for new staff and CRTs, of students with anaphylaxis and management.
- Raise awareness of students of anaphylaxis such as the risks posed by sharing foods.
- Communications with parent(s) / guardian(s) regarding their child with anaphylaxis to develop individual anaphylaxis management plans and updating medical records.
- Informing the school community of anaphylaxis, particularly when their child is in a classroom with a known anaphylactic child.

This communication plan includes strategies for advising school staff, students and parents/guardians/carers about how to respond to an anaphylaxis reaction of a student in various environments:

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

The principal ensures that the school staff are adequately trained by completing an approved training course, either:

- ASCIA e-training every 2 years together with associated competency checks by suitably trained Anaphylaxis Supervisor that has completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC, or
- Course in First Aid Management of Anaphylaxis 22578VIC or Course in Allergy and Anaphylaxis Awareness 10710NAT every 3 years.

AND provision of

- an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706.

This policy is publicly available/ published on the school's website

Definitions

Anaphylaxis

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

Anaphylaxis Guidelines (Guidelines)

A resource for managing severe allergies in Victorian schools, published by the Department of Education (DE) for use by all schools in Victoria and updated from time to time.

Australasian Society of Clinical Immunology and Allergy (ASCIA)

The peak professional body of clinical immunology and allergy in Australia and New Zealand.

Autoinjector

An adrenaline autoinjector device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

Department of Education (DE)

Victorian Department of Education.

Melbourne Archdiocese Catholic Schools Ltd (MACS)

MACS is a reference to Melbourne Archdiocese Catholic Schools Ltd, and / or its subsidiaries, MACSS and/or MACSEYE (*as the context requires*).

Melbourne Archdiocese Catholic Specialist Schools Ltd (MACSS)

Melbourne Archdiocese Catholic Specialist Schools Ltd, a wholly owned subsidiary of MACS established to conduct and operate specialist schools.

Ministerial Order 706

Ministerial Order 706: Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

Related policies and documents

Supporting documents

St Dominic's Primary School Individual Anaphylaxis Management Plan

Risk Minimisation Strategies for Schools

St Dominic's Primary School Emergency Response to Anaphylactic Reaction for Schools

St Dominic's Primary School Off-site Risk Management Checklist for Schools

Annual Anaphylaxis Risk Management Checklist for Schools

Appendix 1: Definitions

Related MACS policies

Anaphylaxis Policy for MACS schools

Duty of Care Policy for MACS schools

Emergency Management Plan

First Aid Policy

Resources

External websites, organisations or other contacts to assist with policy implementation.

Legislation and standards

[Department of Education Victoria Anaphylaxis Guidelines](#)

[Department of Education Victoria Anaphylaxis Management Briefing presentation](#)
[Department of Education Victoria Facilitator guide for anaphylaxis management briefing](#)
[ASCIA Action Plans and First Aid Plans for Anaphylaxis or Allergies](#)
[ASCIA Action Plans for Anaphylaxis \(General, Anapen, Epipen\)](#)
[ASCIA First Aid Plan for Anaphylaxis \(General, Anapen, Epipen, Pictorial\)](#)
[ASCIA Travel Plan](#)
[ASCIA Anaphylaxis e-training for Victorian schools](#)
[ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#)

Policy information

| | |
|----------------------------|---|
| Approval Authority | Executive Director |
| Sponsoring director | Director, Learning and Regional Services |
| Approval date | 5 December 2023 (minor amendment to update training packages) |
| Date of next review | April 2025 |
| Publication details | Where the school will publish this policy |

Appendix 1



Melbourne Archdiocese
Catholic Schools

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or delegate based on the information provided by the student's medical practitioner as per the ASCIA Action Plan for Anaphylaxis provided by the parent/guardian/carer.

It is the responsibility of the parent/guardian/carer to:

- provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency response plan (**signed by the medical practitioner**) and any medication or autoinjector referenced in the plan.
- provide an up-to-date photo of the student (to be appended to this plan)
- inform the school if the child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant provide an updated ASCIA Action Plan.

| | | | |
|--|--|-------------|--|
| School: | | Telephone: | |
| Student: | | | |
| Date of birth: | | Year level: | |
| Severely allergic to: | | | |
| Other health conditions: | | | |
| Medication at school: | | | |
| Other medication administered at home: | | | |

Emergency contact details (Parent/guardian/carer)

| Contact 1 | |
|-----------------|----------------------------------|
| Name: | |
| Relationship: | |
| Contact numbers | List preferred order for contact |
| Home telephone: | |
| Work telephone: | |
| Mobile: | |
| Address: | |
| Contact 2 | |
| Name: | |

Emergency contact details (Parent/guardian/carer)

| | | | |
|-----------------|--|--|----------------------------------|
| Relationship: | | | |
| Contact numbers | | | List preferred order for contact |
| Home telephone: | | | |
| Work telephone: | | | |
| Mobile: | | | |
| Address: | | | |

Emergency Contact Details (Alternative)

| | |
|---|--------|
| Alternative contact 1 | |
| Name: | |
| Relationship: | |
| Home telephone: | |
| Work telephone: | |
| Mobile: | |
| Address: | |
| Alternative contact 2 | |
| Name: | |
| Relationship: | |
| Home telephone: | |
| Work telephone: | |
| Mobile: | |
| Address: | |
| Essential Medical Information | |
| Medical practitioner name: | Phone: |
| Emergency care to be provided at school: | |
| Storage location for autoinjector device: | |
| Date of expiry of autoinjector: | |

Environment

To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps.

Name of environment/area:

| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
|-----------------|---------------------------------------|--------------------|------------------|
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

| Name of environment/area: | | | |
|---------------------------|---------------------------------------|--------------------|------------------|
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of environment/area: | | | |
|---------------------------|---------------------------------------|--------------------|------------------|
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of environment/area: | | | |
|---------------------------|---------------------------------------|--------------------|------------------|
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of environment/area: | | | |
|---------------------------|---------------------------------------|--------------------|------------------|
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
| | | | |
| | | | |
| | | | |
| | | | |

Agreement/Signatures

This **Individual Anaphylaxis Management Plan** has been developed with my knowledge and input based upon health advice received from the student's medical practitioner.

Parent/guardian/carer/Mature minor

| | |
|---|--|
| Name of parent/guardian /carer or Mature minor* | |
| Signature | |
| Date | |

Principal

| | |
|-------------------|--|
| Name of principal | |
| Signature | |
| Date | |

**Please note: Mature minor (refer page 61 of [Privacy Compliance Manual 2023](#)) is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.*

Appendix 2



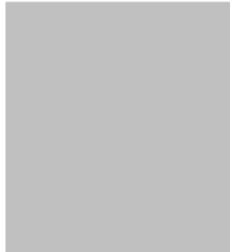
ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis



Name: _____ For use with EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 **LAY PERSON FLAT** - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



- 2 **GIVE ADRENALINE AUTOINJECTOR**
- 3 **Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 **Phone family/emergency contact**
- 5 **Further adrenaline may be given if no response after 5 minutes**
- 6 **Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen®

- 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 in place for 3 seconds **REMOVE EpiPen®**

EpiPen® is prescribed as follows:

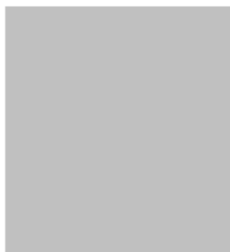
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

ACTION PLAN FOR Anaphylaxis

Name: _____
 Date of birth: _____

For use with **Anapen®** adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):
 1. _____
 Mobile Ph: _____
 2. _____
 Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____
 Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



- GIVE ADRENALINE AUTOINJECTOR**
 - Phone ambulance - 000 (AU) or 111 (NZ)**
 - Phone family/emergency contact**
 - Further adrenaline may be given if no response after 5 minutes**
 - Transfer person to hospital for at least 4 hours of observation**
- IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR**
 Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give Anapen®

1. PULL OFF BLACK NEEDLE SHIELD

2. PULL OFF GREY SAFETY CAP from red button

3. PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)

4. PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

Appendix 3



Melbourne Archdiocese
Catholic Schools

Risk Management Checklist for Off-site Activities

| | | |
|---|----------------------------------|------------------------------------|
| School Name: | | |
| Primary/Secondary: <i>(Please Circle)</i> | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> |
| Location/Address: | | |

| | |
|---|--------------|
| Date of Review: | Time: |
| School contract person | |
| Name: <i>(Who provided information collected)</i> | |
| Position: | |
| Review given to: [Name] <i>(if different from above)</i> | |
| Position: | |
| Comments: | |

| | | |
|--|---|--|
| | How many current students have been prescribed (and carry) an adrenaline auto injector? | Insert number |
| | Have any students ever had an allergic reaction while at school? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If Yes, how many times? | |
| | If Yes, how many students? | |
| | Have any students ever had an anaphylactic reaction at school? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If Yes, how many students? | |

| | | | |
|--|--|------------------------------|-----------------------------|
| | If Yes, how many times | | |
| | Has a staff member been required to administer an adrenaline auto injector to a student? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If Yes, how many times? | | |

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

| | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have in place an individual Anaphylaxis Management Plan signed by a medical practitioner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Are all individual Anaphylaxis Management Plans reviewed regularly with parents/guardians/carers at least annually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings? | | |
| | During classroom activities, including elective classes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | In canteens or during lunch or snack times | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Before and after school, in the school yard and during breaks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For special events, such as sports days, class parties and extra-curricular activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | For excursions and camps | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other | | |
| | Do all students who carry an adrenaline auto injector have a copy of their <i>ASCIA Action Plan</i> for anaphylaxis, provided by the parent/guardian/carer, kept at school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Where are the Plans kept? | | |
| | Does the <i>ASCIA Action Plan</i> for Anaphylaxis for anaphylaxis have a recent photo of the student? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Do student with an <i>ASCIA Action Plan</i> going on overseas or domestic school travel/excursion have an <i>ASCIA Travel Plan</i> completed by a medical practitioner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 2: Storage and Accessibility of adrenaline auto injectors

| | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Where are the students' adrenaline auto injectors stored? | | |
| | Are the adrenaline auto injectors stored at room temperature? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 2: Storage and Accessibility of adrenaline auto injectors

| | | |
|--|------------------------------|-----------------------------|
| Is the storage safe (out of reach of students and not refrigerated)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the storage always unlocked and accessible to staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Are the adrenaline auto injectors easy to find? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Is a copy of each student's <i>ASCIA Action Plan</i> for anaphylaxis kept together with their adrenaline auto injector? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Are the adrenaline auto injectors and <i>ASCIA Action Plans</i> for anaphylaxis clearly labelled with students' names? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Who? | | |
| Comments | | |
| Has the school signed up to EpiClub or Ana-alert (free reminder services)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do all staff know where the adrenaline auto injector and <i>ASCIA Action Plan</i> for anaphylaxis are stored? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Is there an adrenaline auto injector for general use in the school's first aid kit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, where is it located? | | |
| Is this device clearly labelled as the General Use adrenaline auto injector? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there an emergency response sheet and First Aid Plan for Anaphylaxis stored near the general use autoinjectors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 3: Prevention Strategies

| | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Have you implemented any of the prevention strategies outlined in the Guidelines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is there always a staff member on yard duty with current training in anaphylaxis emergency management? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 4: Training and Emergency Response

| | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Have all staff attended a twice-yearly briefing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Have you developed an Emergency Response Plan for when an allergic reaction occurs? | | |
| | In the classroom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | In the school yard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | At school camps and excursions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | On special event days, such as sports days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Does your plan include who will call the Ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is there a designated person who will be sent to collect the student's adrenaline auto injector and ASCIA Action Plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Have you checked how long it will take to get to the adrenaline auto injector and <i>ASCIA Action Plan</i> to a student from various areas of the school including: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The classroom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The schoolyard? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | The sports field? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injectors are correctly stored and available for use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Who will do this on excursions? | | |
| | Who will do this on camps? | | |
| | Who will do this on sporting activities? | | |

SECTION 4: Training and Emergency Response

| | | |
|---|------------------------------|-----------------------------|
| Is there a process for post incident support in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | |
| Have all staff been briefed on: | | |
| The school's Anaphylaxis Management Policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The causes, symptoms and treatment of anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The identities of students who carry an adrenaline auto injector and where their medication is located? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The school's first aid and emergency response procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Where the adrenaline auto injector for general use is kept? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| When the adrenaline auto injector for general use can be administered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION 5: Communicating with Staff, students and parents/carers

| | | | |
|--|---|------------------------------|-----------------------------|
| 1. | Is there a communication plan in place to provide information about anaphylaxis and the school's policies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To students? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To parents/guardians/carers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| | Do all staff know which students suffer from anaphylaxis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| How is this information kept up to date? | | | |

SECTION 4: Training and Emergency Response

| | | | |
|--|--|------------------------------|-----------------------------|
| Comments | | | |
| Are there strategies in place to increase awareness about severe allergies among students? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments | | | |
| Approval authority | Director, Learning and Regional Services | | |
| Approval date | 5 July 2023 | Next review | March 2025 |

Appendix 4



Melbourne Archdiocese
Catholic Schools

Anaphylaxis Risk Minimisation Strategies for Schools

In-school settings

Learning Areas/Classrooms

1. A copy of each student's Individual Anaphylaxis Management Plan (IAMP) is easily accessible kept in the student's classroom, first aid room, school office, staff room and cafe room.

Where food-related activities are planned, staff liaise with parents/guardians/carers ahead of time.

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

Staff do not provide food items from external sources to students who are at risk of anaphylaxis.

Lunch box items/treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as treats.

Products labelled as containing specific allergens known to impact students such as 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.

Staff are to be aware of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes including packaging e.g., peanut butter containers, egg containers.

All cooking utensils, preparation dishes, plates, knives and forks are to be washed and cleaned thoroughly after preparation of food and cooking.

St Dominic's Primary School acknowledges that children with food allergy need special care when cooking or undertaking food technology. St Dominic's Primary School liaises with parents/guardians/carers prior to the student undertaking these activities/subjects. St Dominic's Primary School utilises the resources available to support decision making processes noting that helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf

St Dominic's Primary School regularly undertakes discussions with students about the importance of washing hands, eating their own food and not sharing food.

The office and administration staff and the health and safety representative informs emergency teachers, specialists, 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 Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.

Cafe

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

Cafe staff, including volunteers, are briefed about students at risk of anaphylaxis and have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.

A copy of the student ASCIA Action Plans for Anaphylaxis are displayed in the canteen as a reminder to canteen staff and volunteers.

Products labelled may contain traces of nuts should not be served to students allergic to nuts.

The Cafe provides a range of healthy meals and products that exclude peanuts or other nut products in the ingredient list or a may contain... statement.

Tables and surfaces are wiped down regularly.

St Dominic's Primary School acknowledges that food banning is not generally recommended by the Royal Children's Hospital and ASCIA. St Dominic's Primary School will reinforce a no sharing rule with the students as recommended for food, utensils and food containers. Where it is deemed in the best interests of the school community, St Dominic's Primary School may seek agreement to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds).

Staff has an awareness 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.

School Grounds

3. St Dominic's Primary School regularly reviews plans to ensure that sufficient school staff trained in the administration of the adrenaline autoinjector are on yard duty and be able to access the autoinjector and respond quickly to an allergic reaction if needed.

St Dominic's Primary School regularly principal reviews processes to ensure that adrenaline autoinjectors and Individual Anaphylaxis Plans are easily accessible from the school grounds.

St Dominic's Primary School regularly has an emergency response procedure and communication plan in place for Staff on Staff Duty so medical information can be retrieved quickly if an allergic reaction occurs in the yard. All staff will be aware of the school process for seeking support (notify the general office/first aid team) if an anaphylactic reaction occurs during recess or lunch time.

Staff carry walkie talkies on yard duty and first aid folders that includes students with anaphylaxis.

Staff on duty can identify by face those students at risk of anaphylaxis.

Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.

St Dominic's Primary School ensures lawns are regularly mowed and bins are covered.

Students keep drinks and food covered while outdoors.

Special Events (e.g., sporting events, incursions, class parties, etc)

4. St Dominic's Primary School ensures that sufficient staff, who have been trained in the administration of an adrenaline autoinjector, are supervising students to be able to respond quickly to an anaphylactic reaction if required.

Staff avoid using food in activities or games or as rewards.

St Dominic's Primary School consults with parents/guardians/carers in advance of planned special events to either develop an alternative food menu or request the parent/guardian/carer to send a meal for the student/s at risk.

Parents/guardians/carers of other students are informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats containing known allergens whilst they are at a special school event.

Party balloons are not to be used if a student has an allergy to latex.

Where students from other schools are participating in an event at St Dominic's Primary School, staff consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. In this instance, staff seek agreement on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school.

Students at risk of anaphylaxis are required to bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings/Excursions/Camps/Tours

St Dominic's Primary School determines which of the strategies set out below apply in the specific context for the out-of-school setting involved in the planned activity. The strategies that are appropriate will be determined with consideration of factors such as the age and independence of the student, the facilities and activities available, and the general environment. Not all strategies will be relevant for each school activity.

Travel to and from school by bus

5. School staff consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from the school or venue 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 on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

6. The St Dominic's Primary School's principal undertakes a risk assessment for each individual student attending. If a student/s at risk of anaphylaxis is attending, sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.

A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector attends field trips or excursions.

School staff and venue staff should avoid using food in activities or games, including as rewards.

The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis is to be easily accessible and school staff must be aware of their exact location.

For each field trip, excursion etc., a risk assessment is to 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 will be made aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

Staff in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent/guardian/carer provide a meal (if required).

In rare cases where the school deems it necessary, parents/guardians/carers may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents/guardians/carers as one possible strategy for supporting the student who is at risk of anaphylaxis.

Prior to the excursion taking place, the St Dominic's Primary School principal or delegate will consult with the student's parents/guardians/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 excursion activity.

If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps or Remote Settings

1. Prior to engaging a camp owner/operator's services, the St Dominic's Primary School principal or delegate will make enquiries as to whether the operator can provide food that is safe for any anaphylactic students that may be attending. If a camp owner/operator/camp cook cannot provide this confirmation in writing to the school, the St Dominic's Primary School principal or delegate will 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. Where this attestation is not provided in writing, then the school will strongly

consider using an alternative service provider as a reasonable step in discharging its duty of care to the student/s at risk of anaphylaxis due to food allergens.

The St Dominic's Primary School principal or delegate conducts a risk assessment and develops a risk management strategy for any student/s at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents/guardians/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.

St Dominic's Primary School's staff consult with the parents/guardians/carers of students at risk of anaphylaxis and where appropriate, the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will be undertaken in order for the school to adequately discharge its non-delegable duty of care.

If St Dominic's Primary School staff has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they raise these concerns with the camp owner/operator and consider alternative means for providing food for those student/s at risk of anaphylaxis.

The use of substances containing known allergens should be avoided where possible.

Prior to the camp taking place, school staff should consult with the student's parents/guardians/carers to review the Individual Anaphylaxis Management Plan/s to ensure that it is up to date and relevant to the circumstances of the camp. Schools are to seek support from parents/guardians/carers to advise students with allergies to insects to wear closed shoes and long-sleeved garments when outdoors and encourage them to stay away from water or flowering plants.

The St Dominic's Primary School principal or delegate ensures that the student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone are taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans and plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

The St Dominic's Primary School principal or delegate conducts a risk assessment prior to excursions/school camps which will include contact with local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be available for school staff as part of the emergency response procedures developed for the camp. Camp activities will be reviewed to avoid activities that use known allergens (cooking, craft etc).

Adrenaline autoinjectors should remain close to the students and staff must be always aware of its location.

General use Adrenaline autoinjectors will be included in camp first aid kits as a back-up device in the event of an emergency.

Staff consider exposure to allergens when students are consuming food during travel on bus/plane and whilst in cabins/tents/dormitories.

Overseas Travel

1. Strategies used will be like those for camps/remote settings and St Dominic's Primary School will involve parents/guardians/carers in discussions regarding risk management well in advance.

Potential risks at all stages of the overseas travel will be considered. Potential risks include:

- travel to/from airport/port
- travel to/from Australia
- various accommodation venues
- all towns and venues visited, and sourcing safe foods at all locations.

The risk of cross contamination of food will be assessed including:

- exposure to food of other students
- hidden allergens in foods
- whether the table and surfaces will be adequately cleaned to prevent reaction
- whether the other students can wash their hands when handling food.

The St Dominic’s Primary School principal or delegate assess where each of these risks can be managed using minimisation strategies such as the following: Translation of student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan into the local language, sourcing safe food, obtaining names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited, obtaining emergency contact details, seeking information about sourcing additional adrenaline autoinjectors if required in situ.

The organising teacher ensures that all participants have appropriate insurance. Details of travel insurance, obtained by the student’s parents/guardian/carer, including contact details for the insurer, are to be recorded. It is recommended that staff and students take out insurance cover directly and not via a tour operator; and that they are covered by the same insurance provider as far as is practicable. It is recommended that the insurance covers their needs regarding a risk to or result of an anaphylactic reaction. Refer to Excursion, Camp, and Travel Policy for more information.

The St Dominic’s Primary School principal or delegate will plan for appropriate supervision of students at risk of anaphylaxis at all times including: provision of sufficient supervising staff who have been trained in Anaphylaxis Management, sufficient supervision of at risk students particularly during meal times, when taking medication or engaged in activities where there may be added exposure to potential allergens, provision of adequate supervision of any affected student(s) requiring medical treatment and other students, staff/students ratios can be maintained, including in the event of an emergency where students may need to be separated.

The principal or delegate ensures that all students with an ASCIA Action Plan has an updated version where required, along with an [ASCIA Travel Plan](#) completed by a registered medical practitioner. It is recommended that the principal or delegate refers to the ASCIA travel checklist.

The School’s Emergency Response Procedure will be determined given local circumstances.

the St Dominic’s Primary School principal or delegate should reassess its emergency response procedures, and if necessary, adapt them to the circumstances of the overseas trip. Keep a record of relevant information such as the following:

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

Work Experience, Workplace Learning

1. St Dominic’s Primary School will involve parents/guardians/carers, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience or workplace learning. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

| | |
|---------------------------|--|
| Approval authority | Director, Learning and Regional Services |
| Approval date | 5 July 2023 |
| Next review | March 2025 |

Appendix 5



Melbourne Archdiocese
Catholic Schools

St Dominic's Primary School Annual Anaphylaxis Risk Management Checklist for MACS Schools

This Annual Anaphylaxis Risk Management Checklist for Schools is to be completed by the school principal or delegate at the start of each year in line with the St Dominic's Primary School Anaphylaxis policy. The principal is expected to report on the outcome of the checklist and make suitable arrangement to address any issues raised by the checklist.

| | | |
|-------------------------|-------|-----------|
| School name: | | |
| Date of review: | | |
| Completed by: | Name: | Position: |
| Review given to: | Name: | Position: |
| Comments: | | |

General information

| | | |
|---|-----|----|
| How many current students have been diagnosed as being at risk of anaphylaxis and have been prescribed an adrenaline autoinjector? | | |
| How many of these students carry their adrenaline autoinjector with them? | | |
| Have any students ever had an allergic reaction requiring medical intervention at school? | Yes | No |
| If yes, how many times? | | |
| Have any students ever had an anaphylactic reaction at school? | Yes | No |
| If yes, how many students? | | |
| If yes, how many times? | | |
| Has a staff member been required to administer an adrenaline autoinjector to a student? | Yes | No |
| If yes, how many times? | | |
| Have all school staff who conduct classes with students at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: | | |
| • online training (ASCIA e training) in the last two years? | Yes | No |
| • an accredited face to face training course in the last three years? | Yes | No |

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| Does your school conduct twice yearly briefings annually? (<i>Requirement of registration</i>) | Yes | No |
| Do all staff participate in twice yearly briefings? (<i>Requirement of registration</i>) | Yes | No |
| If you are intending to use the ASCIA Anaphylaxis e-training course: | | |
| • has your school trained a minimum of two staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors? | Yes | No |
| • are your staff being assessed within 30 days of completion of the ASCIA e-training course to demonstrate their competency in using an autoinjector? | Yes | No |

Individual Anaphylaxis Management Plans

| | | |
|--|-----|----|
| Does every student diagnosed as at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action plan for anaphylaxis and signed by a prescribed medical practitioner? | Yes | No |
| Are all Individual Anaphylaxis Management Plans reviewed regularly with parents/guardians/carers at least annually? | Yes | No |
| Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings? | Yes | No |
| • During classroom activities, including elective classes | Yes | No |
| • In canteen or during lunch or food breaks | Yes | No |
| • Before or after school and during breaks in the school yard | Yes | No |
| • For special events, such as sports days and extracurricular activities | Yes | No |
| • For excursions and camps | Yes | No |
| • Other | | |
| Do all students who carry an adrenaline autoinjector with them have a copy of their ASCIA Action Plan for Anaphylaxis, provided by the parent/guardian/carer, kept at the school? | Yes | No |
| Where are the Action Plans kept? | | |
| Does the ASCIA plan include a recent photo of the student? | Yes | No |
| Are individual Anaphylaxis Management Plans reviewed prior to any off-site activities and in consultation with parents? | Yes | No |

Storage and accessibility of adrenaline autoinjectors

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| Where are the student/s' adrenaline autoinjectors stored? | | |
| Do all staff know where the school's autoinjectors for general use are stored? | Yes | No |
| Are the autoinjectors stored at room temperature (not refrigerated) and out of direct light? | Yes | No |
| Is the storage safe? | Yes | No |
| Is the storage unlocked and accessible to school staff at all times? | Yes | No |
| Comment | | |
| Are the autoinjectors easy to locate? | Yes | No |
| Comment | | |

Storage and accessibility of adrenaline autoinjectors

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| Is a copy of the student's Individual Anaphylaxis Management Plan kept with their autoinjector? | Yes | No |
| Are the autoinjectors and Individual Anaphylaxis Management Plans clearly labelled with the students' names? | Yes | No |
| Has someone been designated to check the autoinjector expiry dates on a regular basis? | Yes | No |
| Who? | | |
| Are there autoinjectors which are currently in the possession of the school which have expired? | Yes | No |
| Has the school signed up to EpiClub (<i>optional free reminder services</i>)? | Yes | No |
| Do all school staff know where the autoinjectors, ASCIA action plans for Anaphylaxis and the individual Anaphylaxis Management Plans are stored? | Yes | No |
| Has the school purchased autoinjectors for general use and have they been placed in the school's first aid kits? | Yes | No |
| Where are these first aid kits located? | | |
| Do all staff know where they are located? | Yes | No |
| Is the autoinjector for general use clearly labelled as the General use autoinjectors? | Yes | No |
| Is there a register for signing autoinjectors in and out when taken for excursions, camps, etc? | Yes | No |

Risk management

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| Have you completed a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed at risk of anaphylaxis? | Yes | No |
| Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? | Yes | No |
| Are there always sufficient school staff members on yard duty who have current Anaphylaxis management training? | Yes | No |

School management and emergency response

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|--|-----|----|
| Does the school have procedures for emergency responses to anaphylactic reactions? | Yes | No |
| Are they clearly documented and communicated to staff? | Yes | No |
| Do school staff know when their training needs to be renewed? | Yes | No |
| Have you developed emergency response procedures for when an allergic reaction occurs: | | |
| • in the classroom? | Yes | No |
| • in the school yard? | Yes | No |
| • in all school buildings including gyms, halls, etc? | Yes | No |
| • at school camps and on excursions? | Yes | No |
| • on special event days, such as sports carnivals, conducted, organised or attended by the school? | Yes | No |
| Does your plan include who will call the ambulance? | Yes | No |

School management and emergency response

| | | |
|--|-----|----|
| Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA plan for anaphylaxis? | Yes | No |
| Have you checked how long it takes to get an individual's adrenaline autoinjector and individual ASCIA Action Plan for anaphylaxis to the student experiencing an anaphylactic reaction in various school locations including: | | |
| • the classroom? | Yes | No |
| • the school yard? | Yes | No |
| • sports field? | Yes | No |
| • canteen? | Yes | No |
| On excursions or other off-site events, is there a plan for who is responsible for ensuring the adrenaline autoinjectors and Individual Anaphylaxis Management Plans, including ASCIA Action Plans, and the adrenaline autoinjectors for general use are correctly stored and available for use? | Yes | No |
| Who will make these arrangements during excursions? | | |
| Who will make these arrangements during school camps? | | |
| Who will make these arrangements during sporting activities? | | |
| Is there a process in place for post-incident support? | Yes | No |
| Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last two years on: | | |
| • the school's anaphylaxis management policy? | Yes | No |
| • the causes, symptoms and treatment of anaphylaxis? | Yes | No |
| • the identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located? | Yes | No |
| • how to use an adrenaline autoinjector, including hands on practices with a trainer adrenaline autoinjector? | Yes | No |
| • the school's general first aid and emergency response procedures for all in-school and off-site environments? | Yes | No |
| • where the adrenaline autoinjectors for general use are kept? | Yes | No |
| • where the adrenaline autoinjectors for individual students are located including if they carry on their person? | Yes | No |

Communication Plan

| | | |
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| Is there a communication plan in place to provide information about anaphylaxis and the school's policies: | | |
| • to school staff? | Yes | No |
| • to students? | Yes | No |
| • to parents/guardians/carers? | Yes | No |
| • to volunteers? | Yes | No |
| • to casual relief staff? | Yes | No |
| Is there a process for distribution this information to the relevant staff? | Yes | No |

| | | | | |
|---|--|--------------------|------------|----|
| What is the process? | | | | |
| How will this information be kept up to date? | | | | |
| Are there strategies in place to increase awareness about severe allergies among students for all in- school and off-site activities? | | | Yes | No |
| What are the strategies? | | | | |
| Approval authority | Director, Learning and Regional Services | | | |
| Approval date | 5 July 2023 | Next Review | March 2025 | |

Appendix 6



Melbourne Archdiocese
Catholic Schools

Emergency response to Anaphylactic reaction

A First Aid Plan for Anaphylaxis poster is available on the [ASCIA website](#)

In all situations

If safe to do so, lay the person flat, do not allow patient to stand or walk.

If breathing is difficult allow patient to sit

- Be calm, reassuring
- Do not leave them alone.
- Seek assistance from another staff member or reliable student to locate the autoinjector or a general use autoinjector, and the student's Individual Anaphylaxis Management Plan
- If the student appears to be experiencing a first time reaction, continue with steps 2 – 6.

Administer prescribed adrenaline autoinjector – note the time given and retain used EpiPen to give ambulance paramedics.

Phone ambulance 000 (112 – mobile).

If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another autoinjector is available).

Phone family/emergency contact.

If in doubt, give an autoinjector

If the student has not been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow Steps 2–6 above.

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|--------------------|--|
| Approval authority | Director, Learning and Regional Services |
| Approval date | 5 July 2023 |
| Next review | March 2025 |