



NHILL LUTHERAN SCHOOL

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Management of Students at Risk of Anaphylaxis

Source of Obligation

The Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

'Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools' prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of the Act.

The Hazard – Anaphylaxis

Anaphylaxis is the most severe form of allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).

The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as age-appropriate education for students.

Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal and all School staff, parents/guardians, students and the broader School community.

Nhill Lutheran School's Policy

Nhill Lutheran School is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time.

The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

It is our policy to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the School's anaphylaxis management policy in the School community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

Our Duty of Care

The School has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the School and engaged in School-related activities.

When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

Students at risk of allergic reactions, including anaphylaxis, could also be singled out or subjected to bullying behaviour within the wider School community. As part of our **Bullying Prevention and Intervention policy**, the School maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole School community to recognise and respond appropriately to bullying and behave as responsible bystanders.

Safe Work Practices

Nhill Lutheran School has developed the following work practices and procedures for managing the risk of anaphylaxis:

Individual Anaphylaxis Management Plans:

Parents/guardians are requested to notify the School of all medical conditions including allergies. Refer to our Medical Records (Student) policy.

Students who are identified as being at risk of anaphylaxis are considered high risk. (This includes students with ASCIA Action Plans for Anaphylaxis and ASCIA Action Plans for Allergic Reactions). For each of these students an Individual Anaphylaxis Management Plan should be developed, regularly reviewed and updated.

The School maintains a complete and up-to-date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylaxis. It is the responsibility of the Principal to keep this list up to date. The list is kept in the staffroom first aid cupboard, CRT folders in each classroom and the school office cupboard. It is also available on the Healthminder app which is accessible to every staff member.

For students who are showing signs of an allergic reaction or anaphylaxis for the first time, and do not otherwise have an individual ASCIA Action Plan for Anaphylaxis or Allergic Reactions, the School should follow the **Allergy Awareness policy**.

If a teacher or other staff member administering first aid is required to use an adrenaline autoinjector for general use in the School first aid kit they should refer to the **ASCIA Action Plan for Anaphylaxis for General Use (Orange)**, stored with it, for instructions on administering an adrenaline autoinjector.

Individuals with an allergy that have only ever had mild/moderate allergic reactions are at low risk of having an anaphylactic reaction (not no risk). They are often not prescribed an adrenaline autoinjector but should have an **ASCIA Action Plan for Allergic Reactions (Green)**.

Individuals that have had a previous severe allergic reaction/anaphylaxis to triggers (other than medications) and those deemed to be at high risk by their medical practitioner are prescribed an adrenaline autoinjector and given an **ASCIA Action Plan for Anaphylaxis (Red)**.

Those with an **ASCIA Action Plan for Allergic Reactions (Green)** must still have strategies implemented to reduce risk as detailed on their Individual Management Plan.

Responsibilities in relation to Plan: The School Anaphylaxis Supervisor will work with the Principal, parents/guardians 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 for Anaphylaxis matches the student's supplied adrenaline autoinjector
- regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
- inform parents/guardians in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents/guardians if the autoinjector is not replaced
- ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector.

Individual Anaphylaxis Management Plans are kept in the School Office.

Copies of the Anaphylaxis Management Plans are also kept at the following locations:

- In each classroom
- Staff room first aid cupboard
- Healthminder app

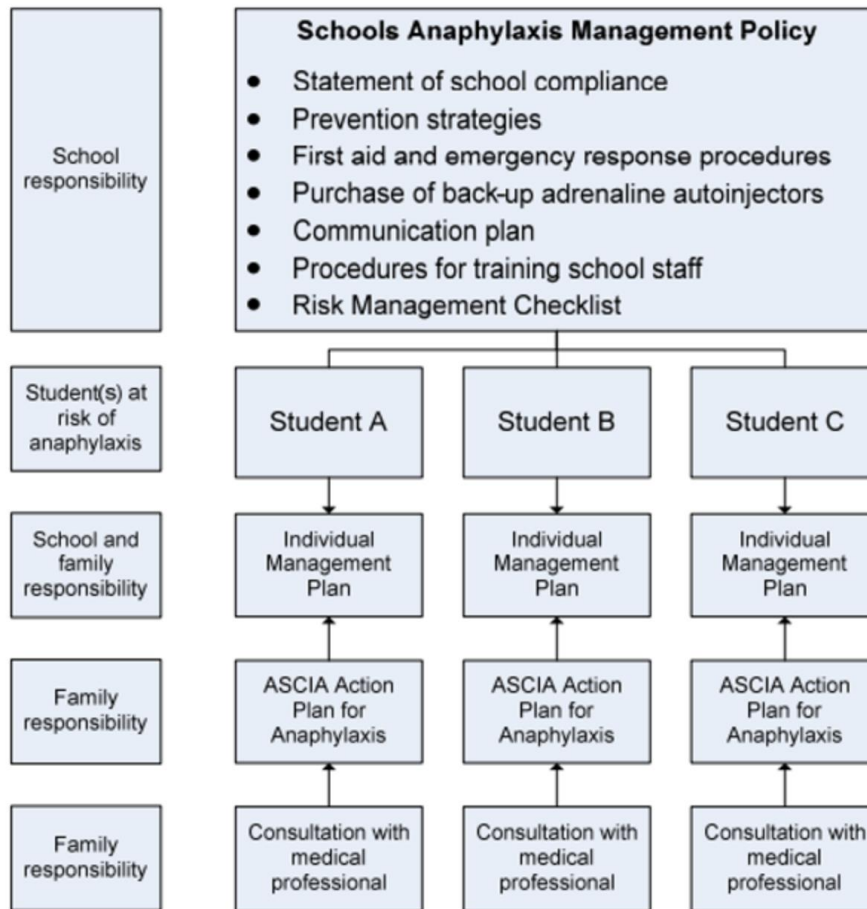
Individual ASCIA Action Plans for Anaphylaxis are kept in the School Office.

Copies of the ASCIA Action Plans for Anaphylaxis are also kept at the following locations:

- In each classroom
- Staff room first aid cupboard
- Healthminder app

The ASCIA Action Plan for Anaphylaxis or Allergic Reactions is part of the Individual Anaphylaxis Management Plan and details emergency management/emergency response to an allergic reaction including anaphylaxis.

The interaction between the School's anaphylaxis management policy and each student's Individual Anaphylaxis Management Plan is represented below, including the responsibilities of the Principal and the student's family.



Adrenaline Autoinjectors – Purchase, Storage and Use:

The School also purchases adrenaline autoinjectors for general use, which are additional to the prescribed adrenaline autoinjectors for individuals provided by parents/guardians. These adrenaline autoinjectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed autoinjectors.

General use adrenaline autoinjectors are used when:

- a student's prescribed autoinjector cannot be administered, is misplaced, has been misfired, is out of date or has already been used, or the individual needs a second dose
- a student is having a suspected first-time anaphylaxis
- instructed by a medical officer after calling 000.

Even when there are no students enrolled with a prescribed adrenaline autoinjector, the School must purchase at least one adrenaline autoinjector for general use (300mcg dose) for students/staff who may experience their first anaphylaxis while at the School and for other already diagnosed students if needed.

All adrenaline autoinjectors and other emergency medications must be stored with a student's ASCIA Action Plan for Anaphylaxis and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

For children under 10 years, it is not advised that they carry their medication kit (including their adrenaline autoinjector) on their person unless they:

- travel to school without an adult present, or
- have been advised to do so by their medical practitioner.

For all students, adrenaline autoinjectors must be stored in locations at the School which are easily accessible and unlocked.

The following procedures will be followed for storage of adrenaline autoinjectors:

- adrenaline autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly
- adrenaline autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an adrenaline autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (Orange), and
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline autoinjector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

Whenever adrenaline autoinjectors for general use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and person taking or returning the adrenaline autoinjector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.

The School maintains general adrenaline autoinjectors and other relevant medication in the **Staffroom First Aid cupboard**.

The School will undertake regular reviews of students' adrenaline autoinjectors, and those for general use, to ensure the requirements of this policy are being met.

If the School Anaphylaxis Supervisor or other designated School staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discoloured, they should:

- immediately call the parent/guardian and send a written reminder to the student's parent/guardian to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parent/guardian or if no replacement adrenaline autoinjector is provided)
- advise the Principal that an adrenaline autoinjector needs to be replaced.

Communication Plan:

The Principal is responsible for developing a Communication Plan to provide information to all staff, students and parents/guardians about anaphylaxis and the School's Management of Students at Risk of Anaphylaxis policy.

The Anaphylaxis Communication Plan includes the following information:

- the School's policy/guidelines which includes information on strategies to reduce the risk of an allergic reaction
- information on who needs to be trained, how often they are trained and what training to access/complete
- strategies for how to respond to anaphylaxis during normal School activities
- strategies for how to respond to anaphylaxis during off-site or out-of-School activities
- procedures to inform casual relief staff on arrival at the School if they are caring for a student at risk of anaphylaxis and their role in recognising an allergic reaction and responding to instructions on the ASCIA Action Plan
- the responsibility of the Principal or School Anaphylaxis Supervisor for ensuring that all School staff are trained and briefed at least twice per calendar year. Refer to Staff Training.

The Communication Plan must include arrangements for all School staff to be briefed at least twice per year by the School Anaphylaxis Supervisor or a staff member who has current anaphylaxis management training (within the last 2 years).

A School Anaphylaxis Supervisor(s) or other designated staff member(s) should ensure all casual relief staff, and new School staff (including administration staff, sessional teachers, and specialist teachers) are trained on the above information and their role in responding to a mild to moderate allergic reaction experienced by a student in their care. Students at risk of anaphylaxis must not be left in the care of a volunteer unless the volunteer is related to the student at risk of anaphylaxis.

The School will promote student awareness of allergy (including food and insect allergy) and the risk of anaphylaxis. The following methods may be used as appropriate:

- Displaying fact sheets or posters in hallways and classrooms.
- Discussion by class teachers (such as use of the Be a MATE resources and national school curriculum resource at Allergy & Anaphylaxis Australia).
- Acknowledging that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.
- Dealing with any bullying or attempt to harm a student in accordance with the School's Student Discipline Policy.

The School's Communication Plan is kept in the School Office.

Anaphylaxis Emergency Response Procedures:

Generally, the School promotes allergy awareness. In the event that a student suffers anaphylaxis, the student will be managed in accordance with their ASCIA Action Plan for Anaphylaxis and the School's Critical Incident (Emergency Situations) Response policy and Accident Management policy which set out how to respond to an anaphylactic reaction. Student health incidents which do not require treatment for anaphylaxis are managed through our First Aid policy.

The procedures set out in this policy and a student's ASCIA Action Plan will be followed when responding to anaphylaxis.

Planning for Off Site Activities:

EXCURSIONS

- Anaphylaxis trained supervising teacher is to ensure that the student's EpiPen and their ASCIA plan kit is taken on the excursion.
- Supervising teacher or identified first aid officer is to carry the student's EpiPen and their ASCIA plan with them at all times.
- Note that delegated duties are to be clearly identified in the Excursion Management Plan and approved by the Principal.
- An additional EpiPen is to be taken on the excursion in the first aid kit along with copies of individual ASCIA action plans and other additional medical information.
- If students are separated into small groups on the excursion, the child with anaphylaxis must stay with the supervising teacher or identified staff member.

CAMP

- Prior to leaving for a camp, parents will be asked to provide a 2nd EpiPen. If this is not feasible it must be indicated to the parents that a general EpiPen will be administered if required as a second dose.
- Anaphylaxis trained supervising teacher is to ensure that the student's EpiPen and ASCIA plan kit is taken on the camp.
- Supervising teacher or identified first aid officer to carry the student's EpiPen kit with them at all times.
- Note that delegated duties are to be clearly identified in the Excursion (Camp) Management Plan and approved by the Principal.
- An additional general EpiPen will be in the first aid kit with another copy of individual action plans and other additional medical information. Note that if more than one anaphylactic student is on the camp then more than one general EpiPen may need to be taken.
- If students are separated into small groups on the camp, the child with the anaphylaxis must stay with the supervising teacher or the identified first aid officer.
- Anaphylactic at risk student(s) to be located in a room or cabin closest to the supervising teacher or identified first aid officer with the EpiPen.

Planning for an Emergency:

The school regularly undertakes drills to test the effectiveness of our Emergency Response Procedures, including responding to anaphylaxis. All school employees are trained in the administration of adrenaline auto-injectors. The procedures identified in the Anaphylactic Reaction Response Plan (below) are to be followed in the case of a suspected anaphylactic reaction.

Responding to Severe Reaction (Classroom):

- Anaphylaxis trained staff member to administer student's EpiPen as per ASCIA plan if pen located with the student.
- If not, immediately call the office requesting student's EpiPen and ASCIA plan kit from First Aid cupboard or student file.
- Advise the office to IMMEDIATELY call 000 ambulance.
- Receptionist will bring student's kit and spare EpiPen to the classroom and anaphylaxis trained staff member will administer EpiPen.
- Lay student flat and do not allow them to stand or walk. If vomiting or unconscious, lay them on their side (recovery position) and check airway for obstruction.
- Reassure student experiencing reaction. Watch student closely.
- Staff member to contact reception to request assistance from other staff member to calmly remove other students from classroom.
- If no improvement or severe symptoms progress, further adrenaline doses may be administered using spare EpiPen.
- Reception to contact parents.
- Receptionist will direct ambulance to appropriate classroom on arrival.

Responding to Severe Reaction (School Yard):

- Anaphylaxis trained yard duty staff member to remain with student at all times.
- Yard duty teacher to administer general EpiPen from the first aid cupboard.
- Yard duty teacher uses mobile phone to contact the office requesting call to 000 ambulance and then student's personal EpiPen or second EpiPen as backup.
- Receptionist or another staff member to take a second EpiPen to the yard duty teacher and provide or request assistance from other staff to calmly remove other students from immediate area.
- Lay student flat and do not allow them to stand or walk. If vomiting or unconscious, lay them on their side (recovery position) and check airway for obstruction.
- Reassure student experiencing reaction. Watch student closely.
- If no improvement or severe symptoms progress, further adrenaline doses may be administered using spare EpiPen.
- Reception to contact parents.
- Receptionist will direct ambulance to student's location in the yard on arrival.

Responding to Severe Reaction (Off Site Activities):

- Supervising teacher or identified first aid officer to administer the student's EpiPen or spare EpiPen if student does not have a pen or student's EpiPen is unavailable.
- Supervising teacher to call 000 ambulance giving clear instructions as to location.
- Lay student flat and do not allow them to stand or walk. If vomiting or unconscious, lay them on their side (recovery position) and check airway for obstruction.
- Reassure student experiencing reaction. Watch student closely.

- Supervising teacher requests other staff member to calmly remove other students from the immediate area.
- If no improvement or severe symptoms progress further adrenaline doses may be administered using spare EpiPen.
- Contact parents.

Signs and Symptoms of a Mild to Moderate Allergic Reaction:

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

Signs and Symptoms of Anaphylaxis:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness or collapse
- pale and floppy (usually in younger children).

After anaphylaxis has occurred that has involved a student in the School's care and supervision, the School's critical incident review will also include the following procedures:

- The adrenaline autoinjector must be replaced as soon as possible, by either the parent/guardian or the School if the adrenaline autoinjector for general use has been used.
- The Principal or School Anaphylaxis Supervisor should ensure that there is an interim Individual Anaphylaxis Management Plan, should another anaphylaxis occur prior to the replacement adrenaline autoinjector being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/guardian.
- This policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

Risk Minimisation Strategies:

The School may implement the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an allergic reaction.

Staff should determine which strategies are appropriate after consideration of factors such as:

- the age of the student at risk
- what the allergy is to (e.g. food, insect etc)
- facilities and activities available at the School
- School activities away from the school location
- the likelihood of that student's exposure to the relevant allergen/s whilst at the School
- the general School environment.

Staff should also consult the Risk Minimisation strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools.

In the classroom, teachers should:

- ensure they are aware of the identity of any students who are considered at risk of anaphylaxis. Facial recognition is encouraged where possible.
- be familiar with the student's ASCIA Action Plan and adrenaline autoinjector and have medication readily accessible in an unlocked location.
- be familiar with how to respond to an allergic reaction using the ASCIA Action Plan and the School's Emergency Response Procedures.
- for students with food allergy, liaise with parents/guardians about food-related activities ahead of time.
- use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the School's Allergy Awareness policy.
- never give food to a student who is at risk of anaphylaxis without consulting a parent/guardian. Older students can read packaging themselves and should use caution about accepting food that is not labelled.
- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Casual and relief teachers are:

- required to have completed training in anaphylaxis management upon commencing employment
- provided with a copy of the student's Individual Anaphylaxis Management Plan (including ASCIA Action Plan for Anaphylaxis) upon commencing employment.

In the School Yard:

- a student with an allergy to insects should wear closed shoes at all times and long-sleeved garments where possible
- outdoor bins should be kept covered
- lawns and clover should be kept regularly mowed
- a student with an insect allergy should keep open drinks covered while outdoors (e.g. drinks in bottles/cans)
- students with food/insect allergy will not be allocated to pick up papers or be on bin duty because of the risk of food contamination or insect sting/bite
- staff will be aware of the play areas that are of the lowest risk to a student identified as at risk of anaphylaxis to insects and encourage the student and their peers to play in these areas
- all staff who are on playground duty should be trained to recognise an allergic reaction and provide an emergency response to anaphylaxis outside of class times (e.g. recess and lunch)
- the adrenaline autoinjector and ASCIA Action Plan must be easily accessible at all times
- staff on duty need to be able to communicate that there is an anaphylaxis emergency without leaving the child experiencing the reaction unattended. The School has developed a Communication Plan for the Playground for this event.

During On-site Events (Sporting events etc.):

- class teachers should consult parents/guardians in advance to either develop an appropriate food menu or request the parents/guardians to send a meal for the student.
- parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergy Awareness policy.
- all staff should be aware of the most common allergens during on-site events.
- although it is advised that food bans cannot be adhered to in environments such as School environments, staff should consider alternative foods that pose less risk for School activities involving food.
- if someone has a latex allergy, all staff should be aware of latex containing materials including latex gloves, balloons, band aids, latex swimming caps and goggles, and their use should be restricted around students at risk of an anaphylactic reaction from these materials.
- all staff must know where the adrenaline autoinjector and ASCIA Action Plan for each at risk student is located and how to get it to the student quickly when required.
- staff should avoid using food in activities such as science experiments or games, including as rewards.
- for sporting events, it may be appropriate to take the student's adrenaline autoinjector and ASCIA Action Plan to the on-site event location. Ensure that the autoinjector is stored in the shade and out of direct sunlight.

During Off-site Events (Excursions & Day Trips):

- the student's adrenaline autoinjectors (two are recommended), ASCIA Action Plan and a means of contacting emergency assistance must be taken.
- mobile phone reception should be a priority and there should be at least two people on the off-site excursion who have mobile phone reception with two separate networks if possible. Phones must be charged, and a charger should be taken as required.
- staff members who have been trained in the recognition of an allergic reaction and administration of the adrenaline autoinjector must accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis on the excursion.
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction during that specific field trip.
- parents/guardians should be consulted in advance to discuss the excursion and forward plan. An appropriate food menu should be developed, or a request made for the parent/guardian to send a meal.
- in primary school years, parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.
- consider the potential exposure to allergens when consuming food on public transport including buses/trains/planes.

During Off-site School Settings (Camps & Remote Settings):

- when planning School camps and overnight excursions, risk management plans for that specific excursion for students at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.
- the student's two adrenaline autoinjectors must always be taken on camps and overnight excursions.
- in the week prior to the camp, staff going on the camp must have a 15-minute briefing on students at risk of anaphylaxis attending, signs and symptoms of an allergic reaction and practice with an adrenaline autoinjector training device.
- camp site/accommodation providers and airlines should be advised of any student at risk of anaphylaxis well in advance of the event and on arrival.
- camp staff and School staff should liaise with parents/guardians to develop appropriate menus or allow students to bring their own meals.
- staff need to check food is appropriate for students with food allergies at all meal times and be present in the dining room during meal times.
- camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain traces of peanuts/tree nuts/milk/egg' may be served, but not to the student who is known to be allergic to peanuts/tree nuts/milk/egg.
- students with food allergies should bring their own soaps, lotions and sunscreen as guided by their parents/guardians.
- staff must verify that each student brings their two adrenaline autoinjectors and accompanying ASCIA Action Plans on camp. Staff should also bring a mobile phone. Despite the student being old enough to bring their own medical kit, School staff are still responsible for making sure it is brought on camp. Some parents/guardians opt for two separate medical kits to be taken on camp, with one being for the student to carry and the other for staff.
- mobile phone reception should be a priority and there should be at least two people at the camp or remote setting who have mobile phone reception with two separate networks if possible. One of the phones must always be in the group with the student at risk of anaphylaxis.
- staff will be responsible for notifying the student's parent/guardian if there is an allergic reaction or an anaphylactic reaction.
- a team of staff (majority if not all who are at the camp or remote setting) who have been trained in management of the risk of anaphylaxis, the recognition of an allergic reaction including anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis and they should be able to recognise the student by face.
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction whilst at that camp location. This needs to be done with camp site staff who understand challenges in emergencies at that camp location (e.g. locked gates, difficult finding site, etc.).
- students at risk of anaphylaxis must always be in a group with a staff member trained in recognition and emergency treatment of anaphylaxis.
- adrenaline autoinjectors and the student's ASCIA Action Plan must always be easily accessible. Decisions on management/location of the medical kit need to be made if the student is canoeing/swimming etc.
- staff should be aware of what local emergency services are in the area and how to access them. The School should liaise with the local emergency services before the camp when possible.
- the adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the School's first aid kit, although Nhill Lutheran School can consider allowing students, particularly adolescents, to carry it on their

person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector.

- students with allergies to insect bites and stings should always wear closed shoes when outdoors.
- cooking, art and craft, and games on camp should not involve the use of known allergens.
- consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Risk Management Checklist

The Principal or School Anaphylaxis Supervisor completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

Signage

Copies of the ASCIA Action Plans are posted in the staff room and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.

With permission from parents/guardians (and older students), it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around the School.