



Challenging & Supporting Each Other

Anaphylaxis Management Policy

Background

Anaphylaxis is severe, rapidly progressive allergic reaction to certain food items and insect stings, that is potentially life-threatening. The most common allergens are nuts, eggs, cow's milk, bee or other insect stings, and some medications. The condition develops in approximately 1-2% of the population. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Symptoms

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

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

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

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

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

Treatment

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

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

Legislation:

In July 2008 the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect, requiring that all schools have an anaphylaxis management policy in place. Ministerial Order 706 – Anaphylaxis Management in Victorian Schools outlines what needs to be included in the policy.

Purpose

To explain to Bell Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also

ensures that Bell Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Aims

- To provide, as far practicable, a safe and supportive school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- To raise community awareness about anaphylaxis, triggers and prevention of exposures to triggers and the school's anaphylaxis management policy.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for students.
- To ensure that each staff member or CRT/Volunteer has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Scope

This policy applies to:

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

Implementation

Bell Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Training (DET) from time to time. This information is provided at

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>

Individual Anaphylaxis Management Plans:

- The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. (Appendix A)
- The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
- The plan will include an emergency procedures plan (ACSC Action Plan) provided by the parent, that is signed by the medical practitioner, and sets out the emergency procedures to be taken in the event of an allergic reaction (Appendix B).
- The individual anaphylaxis management plan will also set out the following:
 - information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies and symptoms the student has (based on a written diagnosis from a Medical Practitioner);
 - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
 - the name of the person(s) responsible for implementing the strategies;
 - information on where the student's medication will be stored;
 - the student's emergency contact details; and
 - an ACSC Action Plan

- School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan with copies of the plan stored in the central office area, as well as in accessible locations in relevant classrooms for regular referencing.
- The student's individual management plan will be reviewed, in consultation with the student's parents/ carers annually and:
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - as soon as practicable after the student has an anaphylactic reaction at school; and
 - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).
- It is the responsibility of the parent to
 - actively participate in annual reviews of the student's plan.
 - provide the emergency procedures plan (ASCIA Action Plan)
 - Immediately inform the school in writing if their child's medical condition changes, and provide an updated emergency procedures plan (ASCIA Action Plan).
 - provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
 - provide an EpiPen, Anapen or similar as described in ASCIA Plan that is current and not expired for their child.

Risk Minimisation Strategies:

- Bell PS will not use common food triggers such as various types of nuts in school based activities, however blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:
 - it can create complacency amongst staff and students
 - it cannot eliminate the presence of all allergens.
- To reduce the risk of a student suffering from an anaphylactic reaction at Bell PS, the following strategies are in place:
 - students will always eat inside under supervision procedures outlined in the Allergy Management at Bell PS Flowchart (Appendix C)
 - staff and students are expected to wash their hands after eating with all tables wiped down after every supervised eating time
 - students are reminded regularly of the school's no sharing food rule
 - gloves must be worn when picking up papers or rubbish in the playground
 - where possible and relevant, students and parents in grades with high risk allergies will be informed of allergens that should be avoided in advance of class parties, special events or birthdays celebrations
 - additional general use EpiPens will be stored in the centrally located office area for ease of access
 - a sufficient number of general use EpiPens will be taken on all excursions and camps

Location of plans and adrenaline autoinjectors:

- All students ASCIA plans and autoinjectors will be kept in the photocopy room next to the front office.

- A copy of students ASCIA and individual management plan will be kept in their classroom in the class roll.
- All student will have an individually labelled container that contains their plan and autoinjector and any other relevant medication and information.
- When students are attending an excursion or camp off the school premises, a designated member of staff will be responsible for carrying the students autoinjectors and plans for the duration of the excursion or camp.

Adrenaline autoinjectors for general use

Bell Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the photocopy room next to the front office and labelled “general use”.

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

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

Communication Plan:

- This policy will be available on the Bell PS website so that parents and other members of the school community can easily access information about the anaphylaxis management procedures. The parents and carers of students who have been identified as being at risk of anaphylaxis will also be provided with a copy of this policy to assist with an open and co-operative relationship about anaphylaxis management at Bell PS.
- The principal will be responsible for ensuring that the following key aspects of the communication plan are implemented to provide information to all staff, students and parents about anaphylaxis, including access to the school’s anaphylaxis management policy:
 - The school will keep regularly updated Confidential Medical Alert records in every playground duty folder and in relevant class roll folders. Photographic lanyards will also be included in every playground duty folder and relevant classrooms.
 - Casual relief staff supervising students at risk of anaphylaxis will be informed of such students and their role in responding to an anaphylactic reaction by the daily organiser and by accessing the confidential medical alert records located within the folder containing the class roll.
 - The newsletter, assemblies and website will be use to raise awareness within the community about anaphylaxis and the need to minimise exposure to potential allergens to increase the overall understanding of the condition. This includes reinforcing the school rules of not allowing food sharing, restricting food triggers at school, ensuring children always wear shoes and not allowing drink cans at school.
 - The school will communicate the recommendation that blanket banning of certain types of foods (eg: nuts) is not practical and is not a strategy recommended by DET or the Royal Children’s Hospital.
 - Within each classroom, all staff will follow the food flow chart to minimise the risk of exposure to allergens. This is provided to all staff at the start of the year professional

learning day and revisited at the twice-yearly refresher briefings, as well as other welfare sessions during the year.

- School staff will raise awareness in their classrooms through the use of fact sheets, posters and age appropriate discussions
- All staff at Bell PS will receive appropriate training in anaphylaxis management, consistent with the Department's Guidelines which includes the online 'ASCIA Anaphylaxis-training for Victorian Schools' followed by a competency check by the School Anaphylaxis Supervisors every 2 years minimum.
- All staff will attend a briefing on anaphylaxis management at least twice per year, facilitated by the designated Anaphylaxis Supervisors. Each briefing will address:
 - this policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identifies of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
 - the school's general first aid and emergency response procedures
 - the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- Wherever possible, training will take place before student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents until sufficient training has taken place.
- The policy will include up-to-date information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Emergency Response:

- If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the photocopy room. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull of the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing)

	<ul style="list-style-type: none"> • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

- If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.
- If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction.

Supervisors Training Requirements:

- The Principal will ensure the school has two qualified Anaphylaxis Supervisors at any given time to oversee all aspects of staff training and briefings. The nominated staff must undertake the course labelled 'Verifying the Correct Use of Adrenaline Autoinjector Devices (22303VIC)' every three years
- The qualified Anaphylaxis Supervisors will take a lead role ensuring the school policy and procedures are fully implemented each year with support from the Principal and Wellbeing team.
- The supervisors' responsibilities are outlined in the DET Anaphylaxis Guidelines (p15) along with the roles for principals and staff (see appendix D)

Annual Risk Management Checklist:

- The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

Related Policies and Resources

- Policy and Advisory Library:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Evaluation

- To be reviewed as part of the school's three year review process or more often if necessary due to changes in regulations or circumstances.

All information is provided at

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>

Document Status

Reviewed	School Council Ratification	Next Review
October 2020	N/A	October 2023

Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.
It is the Parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)	
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ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

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?
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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?

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

annually;

if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;

as soon as practicable after the student has an anaphylactic reaction at school; and

when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

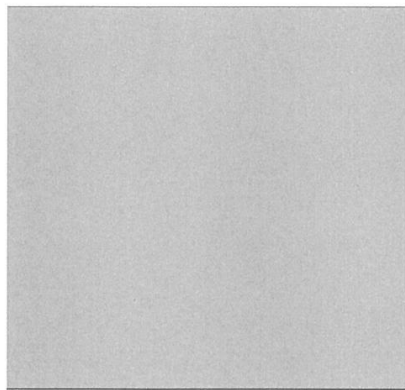
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

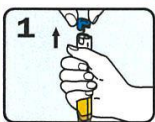
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

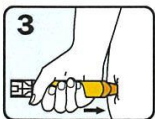
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



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

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (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/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 (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses 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

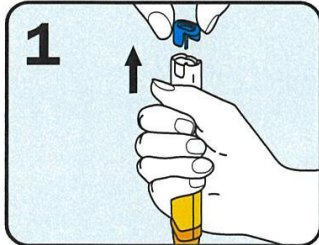
ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

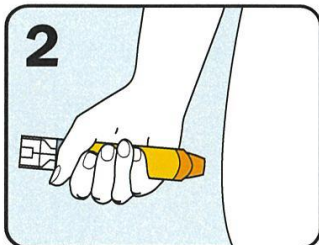
ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

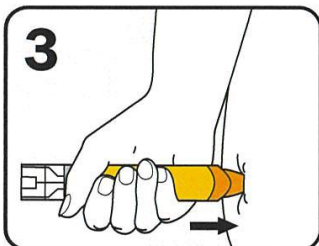
How to give EpiPen®



Form fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is
heard or felt and hold in place for
3 seconds

REMOVE EpiPen®

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- 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/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 (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses 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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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

ALLERGY MANAGEMENT AT BELL PRIMARY SCHOOL

1. Display the "Allergy Aware" sign and this flow chart near your doorway.
2. Please reinforce that students are not to share food.
3. **All food** is to be consumed in the classroom.

Daily:

Morning Tea and Lunch:

- All students with allergies to sit in the **Nut-Egg-Dairy Free Zone** (a designated table/s in the room)
- Only the children who **DO NOT** have nuts, eggs or milk products in their food may join the children in the **NUT-EGG-DAIRY FRE ZONE**. Their lunch box must be checked by a teacher before sitting at this table.



After Eating:

- All students' hands are squirted with soapy water and dried on paper towelling before going out to play **except** those at the **Nut-Egg –Dairy Free Zone**.
- **Wipe down all the nut-egg-dairy tables** with soapy water from spray bottles and dry with paper towel to ensure they are free of any traces on the allergens.



If a student has an allergic reaction begin your Classroom Emergency Management plan.

NOTE:

- All Allergy Medication is housed in the Photocopy room in the Main Building.
- Send a student or another teacher to the office with the child's photo from the emergency lanyard to get their appropriate medication.
- The school has a child and adult epipen if the child or adult has not previously been diagnosed.

School Anaphylaxis Supervisor checklist

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*.

Principal

Stage	Responsibilities	✓ or ✕
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	
Ongoing	Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each campus and ensure they are appropriately trained.	
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly.	
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.	
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor .	

Staff training

Staff	Training requirements	✓ or ✕
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).	
School staff	All school staff should: <ul style="list-style-type: none"> complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification. 	

School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✕
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).	
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	

Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	
Ongoing	<p>Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:</p> <ul style="list-style-type: none"> • a bee sting occurs on school grounds and the student is conscious • an allergic reaction where the child has collapsed on school grounds and the student is not conscious. <p>Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.</p>	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

