Kamaruka

ABN 82267854859

POLICY/PROCEDURE: 7.04

Anaphylaxis Policy

Kamaruka takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all ***Child Safe Standards as specified in Ministerial Order No. 1359 (2022)***

Purpose

Kamaruka seeks to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments. The 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, Kamaruka requires parents to provide relevant information to enable them to carry out their duty of care obligations. Kamaruka requires the active engagement of parents/carers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that complies with Ministerial Order 706. Kamaruka's processes reflect the associated guidelines published by the Victorian government to support implementation of Ministerial Order 706 in all Victorian schools.

The Victorian guidelines on anaphylaxis management include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- School Anaphylaxis Management Policy
- staff training
- Individual Anaphylaxis Management Plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist.

Scope

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction
- parents, guardians and/or carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

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Definitions and terms

The Act is the Education and Training Reform Act 2006 (Vic).

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).

ASCIA is an acronym, short for Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan is the plan that is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed adrenaline autoinjector (e.g. EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

Autoinjector is an adrenaline autoinjector device, approved for use by the Commonwealth 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).

The Department is the Victorian Department of Education and Training

The Guidelines are the Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training for use by all schools in Victoria and updated from time to time.

Online training course is the ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of Ministerial Order 706.

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

Procedures

Kamaruka will engage with the parents/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 will purchase additional adrenaline autoinjectors for general use. These will be stored in the staff room (primary downstairs)/first aid area (primary upstairs)/ first aid area (secondary) and/or in the school's portable first aid kit as required.

As reflected in Ministerial Order 706 and the school's enrolment agreement, parents are required to provide the school with up to date medical information to enable the school to carry out its duty of care. Parents are responsible for the provision of 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 are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date. Kamaruka will store and display completed ASCIA Action Plans to facilitate access for staff

e.g. in staff working areas, sick bay and class teacher manuals. Parents must participate in an annual Program Support Group meeting to revise their child's anaphylaxis management plan and update the plan based on medical advice.

The principal will complete an annual risk management checklist at the commencement of each school year.

1. Individual Anaphylaxis Management Plans

Kamaruka will ensure that all students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan developed in consultation with the student's parents, guardians and/or carers. These plans will be updated:

- annually
- when the student's medical condition changes
- as soon as possible after a student has an anaphylactic reaction at school
- when a student is to participate in an off-site excursion or special event organised or attended by the school.

The Principal will require the plan 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 Plan is developed. The principal will develop an interim plan in consultation with parents. Training and a briefing will occur as soon as possible after the interim plan is developed.

The Individual Anaphylaxis Management Plan 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.

It is the responsibility of parents/carers/guardians to:

- Provide the school with an ASCIA plan
- Inform the school if a student's medical condition changes, and to provide and updated ASCIA action plan.
- Provide an up-to-date photo of the student for the ASCIA plan
- Provide the school with a named, adrenaline auto-injector for their child that is not expired.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at School

- 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).

See Anaphylaxis Support Resource 1: Example of Individual anaphylaxis management plan

2. Risk minimisation and prevention strategies

The Principal will ensure 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 specialist and elective classes)
- between classes and other breaks
- during recess and lunchtimes
- before and after school where supervision is provided
- special events including incursions, sports, cultural days, class parties, excursions and camps.

Kamaruka will 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 or the Royal Children's Hospital. However, the school will avoid the use of nut based products in all school activities, request that parents do not send those items to school if at all possible, and the school will reinforce the rules about not sharing and not eating foods that are not provided from home.

Kamaruka will regularly review the risk minimisation strategies outlined in Appendix A: Risk Minimisation in light of information provided by parents related to the risk of anaphylaxis.

See Appendix A: Risk Minimisation strategies for schools.

3. Register of students at risk of anaphylactic reactions

The principal will nominate a staff member to maintain an up-to-date register of students at risk of anaphylactic reaction. This information will be shared with all staff and accessible to all staff in an emergency.

4. Location of the Plans, storage and accessibility of autoinjectors (EpiPens)

The location of individual anaphylaxis management plans and ASCIA plans during on-site normal school activities and during off-site activities will be known to staff so they are accessible in an emergency.

It is the responsibility of the principal to purchase autoinjectors for the school for general use:

- 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 patient who has not previously been diagnosed at risk of anaphylaxis.

The Principal determines the number of additional autoinjector(s) required. In doing so, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis, including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of autoinjectors (and the type) that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school

- that autoinjectors for general use have a limited life, and will usually expire within 12–18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first.

The Principal will need to determine the type of autoinjector to purchase for general use. In doing so, it is important to note the following:

- autoinjectors available in Australia are EpiPen® and EpiPen Jnr®
- autoinjectors are designed so that anyone can use them in an emergency.

4.1 When to use an Autoinjector for general use

Autoinjectors for general use will be used when:

- a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used
- when instructed by a medical officer after calling 000
- First time reaction to be treated with adrenaline before calling 000.

RCH help desk advise that you do not require permission or advice, this only delays the administration of adrenaline – if in doubt, give autoinjector as per ASCIA Action Plans.

5. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation the student's ASCIA Action Plan, the emergency response procedures in this policy and general first aid procedures of the school 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.

Details of the location of Individual Anaphylaxis Management Plans and ASCIA Plans within the school, during excursions, camps and special events conducted, organised or attended by the school must be communicated to staff.

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 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 dojo.

See Appendix B: Example emergency response to anaphylactic reaction procedures.

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6. Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake the online training course and have their competency in using an autoinjector tested in person within 30 days of completing the course by an Anaphylaxis Supervisor that has completed Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. Staff are required to complete this training every two years.

School staff can also undertake face-to-face training Course in First Aid Management of Anaphylaxis 22300VIC or Course in Allergy and Anaphylaxis Awareness 10710NAT formerly 10313NAT.

Kamaruka will require 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 enrols and, where possible, before the student's first day at school.

Staff will 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.

Kamaruka will consider where appropriate whether casual relief teachers and volunteers should also undertake training.

Kamaruka Education Centre staff will:

- 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 completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available and Kamaruka will determine an appropriate anaphylaxis training strategy and implement this for staff. Kamaruka will ensure that staff are adequately trained and that a sufficient number of staff are trained in the management of anaphylaxis noting that this may change from time to time dependant on the number of students with ASCIA plans.

The Principal will identify two staff per school or campus to become School Anaphylaxis Supervisors. A key role will be to undertake 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 will 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 Autoinjector Devices 22303VIC. At the end of the online training course, participants who have passed the assessment module, will be 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 that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

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Kamaruka notes that Course in First Aid Management of Anaphylaxis 22300VIC and Course in Allergy and Anaphylaxis Awareness 10710NAT formerly 10313NAT are face-to-face courses that comply with the training requirements outlined in Ministerial Order 706. School staff that have completed these courses will have met the anaphylaxis training requirements for the documented period of time.

6.1 Twice Yearly Staff Briefing

The Principal will ensure that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. This briefing should preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. The school will use the template presentation for the briefing provided by the Department of Education for use in Victorian schools.

The briefing will include 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
- pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
- ASCIA Action Plan for Anaphylaxis and how to use an auto injector, including practising with a trainer auto injector
- the school's general first aid and emergency responses
- location of and access to auto injectors 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.

The person leading the twice-yearly anaphylaxis school briefing should have successfully completed an anaphylaxis management training course in the previous 2 years.

7. Anaphylaxis communication plan

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

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

- during normal school activities, including in a classroom, in all school buildings and sites including gymnasiums 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 Communication Plan will include procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction

experienced by a student in their care. The Principal will ensure that the school staff are adequately trained by completing:

- First Aid Management of Anaphylaxis 22300VIC or Course in Allergy and Anaphylaxis Awareness 10710NAT formerly 10313NAT course every 3 years, or
- 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 Autoinjector Devices 22303VIC.

AND provision of

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

8. Procedures

Schools must provide to staff the actions and procedures to be undertaken in the school to ensure that the requirements of the policy are enacted.

1. Register of students with anaphylaxis

- How this information will be recorded, what will be included.
- Where it is located .
- Who will maintain and update the register.

2. Location, storage and accessibility of autoinjectors (EpiPen)

- Where the plans and EpiPen's will be located – student and those for general use.
- Procedures for camps, excursions and special activities.

3. Emergency Response

- Complete and up-to-date list of students identified at risk of anaphylaxis and where this is located.
- Details of Individual Anaphylaxis Management Plans and ASCIA action plans and their locations within the school and during off site activities or special events.
- Location and storage of autoinjectors, including those for general use.
- How appropriate communication with staff, students, parents is to occur.

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4. Staff training

- Expectations in the school for training and how this will be done.
- How the records of training will be maintained and by whom.
- Who are the anaphylaxis supervisors in the school.

5. Communication plan

- Outline the practices within the school for the following.
- Raising staff awareness – arrangements for twice yearly briefing, regular briefings, induction of new staff, CRT staff, etc.
- Raising student awareness – Use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- Working with parents – developing open, cooperative relationships with parents, how information will be shared; requesting and updating medical information.
- Methods for raising school community awareness – e.g. Newsletter, website, information nights, assemblies.

REFERENCES

Ministerial Order No.706: Anaphylaxis Management in Victorian schools and school boarding premises.VRQA minimum standards

EVALUATION

This policy will be reviewed as per our three-year review cycle or more often if necessary due to changes in regulations or circumstances.

Approval date:	Approved by:	Next review:
October 2025	School Board	October 2028

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Appendix A: Risk Minimisation strategies for schools

In-school settings

Learning Areas/Classrooms

1.	A copy of each student's Individual Anaphylaxis Management Plan will be easily accessible kept in the (list all relevant for your school e.g. student's classroom, the canteen, the sick bay, the school office, the yard duty bag, staffroom, first aid office)
2.	Where food-related activities are planned, staff will liaise with parents ahead of time
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents 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.
4.	Staff will not provide food items from external sources to students who are at risk of anaphylaxis
5.	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.'
6.	Products labelled as containing specific allergens known to impact students e.g. 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy.
7.	Staff will 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 etc.
8.	All cooking utensils, preparation dishes, plates, knives and forks etc. will be washed and cleaned thoroughly after preparation of food and cooking

9.	Kamaruka acknowledges that children with food allergy need special care when cooking or doing food technology. Kamaruka will liaise with parents prior to the student undertaking these activities/subjects. Kamaruka will utilise the resources available to support decision making processes noting that helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10.	Kamaruka staff will regularly undertake discussions with students about the importance of washing hands, eating their own food and not sharing food
11.	The Principal will inform 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 EpiPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.

School Grounds

1.	The Principal will regularly review plans to ensure that sufficient school staff trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) are on duty and be able to access and autoinjector and respond quickly to an allergic reaction if needed.
2.	The Principal will review processes to ensure that EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds
3.	The Principal will have an emergency response procedure and communication plan is in place for Staff on Staff Duty so medical information can be retrieved quickly if an allergic reaction occurs on the grounds. All staff will be aware of the school process for seeking support (notify the general office) if an anaphylactic reaction occurs during recess or lunch time.
4.	Staff on duty will be able to identify by face those students at risk of anaphylaxis
5.	Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants

6.	Kamaruka staff will ensure outside bins are covered
7.	Students are to keep drinks and food covered while outdoors

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

1.	The Principal will ensure that sufficient staff, who have been trained in the administration of an autoinjector, are supervising students to be able to respond quickly to an anaphylactic reaction if required.
2.	Kamaruka staff will consult with parents in advance of planned special events to either develop an alternative food menu or request the parent to send a meal for the student/s at risk
4.	Parents of other students will be 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
5.	Party balloons will not be used if a student has an allergy to latex
6	Where students from other schools are participating in an event at Kamaruka, staff will 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 will 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 will be required to bring their own adrenaline autoinjector with them to events outside their own school.

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

The Principal will determine 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.

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Travel to and from school by bus

1.	School staff will 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

1.	Risk Assessment will be undertaken 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.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will attend field trips or excursions.
3.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
4.	For each field trip, excursion etc, a risk assessment will 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.
5.	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 provide a meal (if required)
6.	In rare cases where the school deems it necessary, parents may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents as one possible strategy for supporting the student who is at risk of anaphylaxis.

7.	Prior to the excursion taking place, school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
8.	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 Kamaruka 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, Kamaruka 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.
2.	The Principal will conduct a risk assessment and develop 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/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
3.	Kamaruka staff will consult with the parents 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.
4.	If Kamaruka staff have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will raise these concerns with the camp owner/operator and consider alternative means for providing food for those student/s at risk of anaphylaxis
5.	The use of substances containing known allergens should be avoided where possible

6.	Prior to the camp taking place school staff should consult with the student's parents to review the Individual Anaphylaxis Management Plan/s to ensure that it is up to date and relevant to the circumstances of the particular camp. Schools will seek parental support to advise students with allergies to insects to wear closed shoes and long-sleeved garments when outdoors and encouraged them to stay away from water or flowering plants.
7.	Kamuruka will ensure 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.
8.	Kamaruka will conduct 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)
9.	Autoinjectors should remain close to the students and staff must be aware of its location at all times.
10.	General use Autoinjectors will be included in camp first aid kits as a back-up device in the event of an emergency.
11.	Staff will consider exposure to allergens when students are consuming food during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.

Work Experience

1.	Kamaruka staff will involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. 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.

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Appendix B: Example Emergency Response to Anaphylactic Reaction Procedures

Emergency Response to anaphylactic reaction	
In all situations	1. If safe to do so, lay the person flat, do not allow patient to stand or walk.
	2. 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.
	3. Administer prescribed adrenaline autoinjector or EpiPen– note the time given and retain used EpiPen to give ambulance paramedics
	4. Phone ambulance 000 (112 – mobile)
	5. If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another autoinjector is available)
	6. Phone family/emergency contact

If in doubt, give 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.