

ANAPHYLAXIS

March 2019



INTRODUCTION:

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, raw eggs, cows' milk, fish, shellfish, wheat, soy, sesame seeds, latex, certain insect stings and medications.

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:

- difficulty/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- appearance as pale and/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 for anaphylaxis:

- Adrenaline given as an injection into the muscle of the outer mid-thigh.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency.

SCHOOL STATEMENT:

Gladstone Views Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

PURPOSE:

This policy is in place to:

- explain to parents, carers, staff and students, the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis
- ensure compliance with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE:

This policy applies at all times when students are at school or on school related activities such as camps and excursions.

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

COMMUNICATION PLAN:

Parents with a child at risk of anaphylaxis will be informed of this policy on enrolment. A copy will be available on the school website.

Staff will be referred to this policy at the commencement of each school year and on induction (new staff). A copy will be available on COMPASS.

Classroom teachers of students with a diagnosis of anaphylaxis will be responsible to ensuring communication of information to: the organisers of off-site activities, third party providers on and off-site, volunteers, student teachers, work experience students and additional helpers working with the class.

Casual relief teachers will be made aware of the location of student medical information in classrooms, the office, staffroom and in yard duty folders.

IMPLEMENTATION:

1 Individual Anaphylaxis Management Plans

All students at Gladstone Views Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis the Principal or delegate is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Gladstone Views Primary School and where possible, before the student's first day.

Parent and carers must:

- a obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- b immediately inform the school, in writing, if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- c provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that plan is provided to the school and each time it is reviewed
- d provide the school with a current adrenaline auto injector for the student that has not expired
- e participate in an annual review of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- a information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- b information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on the written diagnosis from a medical practitioner
- c strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- d the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the plan
- e information about where the student's medication will be stored
- f the student's emergency contact details
- g an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

2 Review and Updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary updated, in the following circumstances:

- a as soon as practicable after the student has an anaphylactic reaction at school
- b if the student's medical condition, insofar as it relates to allergy and the potential for anaphylaxis reaction, changes
- c when the student is participating in an off-site activity, including camps and excursions, or at special events at which the student is not to be under the care of parent/carer or designated relative
- d if there is identified a significant increase in the student's potential risk of exposure to allergens at school.

3 Location of Plans and Adrenaline Auto injectors

- a A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room, together with the student's adrenaline auto injector (labelled with the student's name).
- b Additional copies of student Anaphylaxis Plans will be displayed in the general office and the staffroom.

4 Risk Minimisation Strategies

Strategies to reduce the risk of anaphylactic reactions will include:

- a regular reminders for students not to share food
- b regular reminders and classroom routines that promote hand washing before and after eating, and after collecting rubbish or other materials from the classroom or playground
- c training of canteen staff in relation to food handling to reduce the risk of cross-contamination
- d development of all staff and students knowledge in regard to potential allergens and risk management
- e provision of information to staff working with students at risk of anaphylactic reactions relating to the specific allergens
- f planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending
- g a plan will be developed, in consultation with a student's parents prior to a student diagnosed with anaphylaxis attending the school
- h the Department's Annual Risk Management Checklist for anaphylaxis management will be completed annually.

All school policies are reviewed every three years, or earlier in response to incidents or DET instructions.

5 Adrenaline Auto injectors for General Use

- a Gladstone Views Primary School will maintain a supply of adrenaline auto injectors 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.
- b Auto injectors for general use will be stored in the First Aid room and labelled 'general use'.
- c The Principal, or delegate, is responsible for the purchase of adrenaline auto injectors for general use, and will consider:
 - the number of students enrolled at the school at risk of anaphylaxis
 - the accessibility of adrenaline auto injectors supplied by parents
 - the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events
 - the limited life span of adrenaline auto injectors, and the need for general use adrenaline auto injectors to be replaced when used or prior to expiry.

6 Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylactic Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the School First Aid Officer/OHS Delegate, and stored in the First Aid room. For camps, excursions and special events a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the event, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate.

Step	Action
1	Lay the person flat If breathing is difficult, allow them to sit Be calm and reassuring Seek assistance from another staff member Locate auto injector Do not allow them to stand or walk Do not leave the person alone
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 off the blue safety release ▪ place orange end against the student's 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 ▪ Note the time the EpiPen was 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 auto injectors are available.
5	Contact the student's emergency contacts.

If the student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or as being at risk of anaphylaxis, school staff should follow steps 2 to 5 as above. Under treatment of anaphylaxis is more harmful (and potentially life-threatening) than over treatment.

7 Staff Training

- a Staff at Gladstone Views Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.
- b Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, must have completed:
 - an approved face-to-face anaphylaxis management training course in the last three years, or
 - an approved online anaphylaxis management training course in the last two years.
- c Staff are required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:
 - this policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students with a medical condition that relates to allergies and the potential for

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anaphylactic reaction, and where their medication is located

- how to use an adrenaline auto injector including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

FURTHER INFORMATION AND RESOURCES:

School Policy and Advisory Guide

Allergy and Anaphylaxis Australia

ASCIA Guidelines: Schooling and Childcare

Royal Children's Hospital: Allergy and Immunology

Annual risk management checklist

(to be completed at the start of each year)

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name:	
	Position:	
Comments:		
General information		
1.	How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2.	How many of these students carry their adrenaline autoinjector on their person?	
3.	Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If Yes, how many times?	
4.	Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If Yes, how many students?	
	b. If Yes, how many times?	
5.	Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If Yes, how many times?	
6.	If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training		
7.	Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face-to-face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does your school conduct twice-yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do all school staff participate in a twice-yearly anaphylaxis briefing? Ifn, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
	b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION 2: Individual Anaphylaxis Management Plans

11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out-of-class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off-site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors currently in the possession of the school that have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If Yes, list these in the space provided below. If No, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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42. On excursions or other out-of-school events, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	

All school policies are reviewed every three years, or earlier in response to incidents or DET instructions.

What is the purpose of the anaphylaxis management twice-yearly briefing?

The delivery of a twice-yearly anaphylaxis briefing is a requirement for all Victorian schools under Ministerial Order 706.

The purpose of these briefings is to sustain the awareness of anaphylaxis in your school community. It also aims to ensure that staff remain confident in identifying the signs and symptoms, and the treatment, of anaphylaxis.

Who should facilitate the briefing?

In order to deliver this briefing you should have been nominated by your school principal to perform the role of **School Anaphylaxis Supervisor**. To perform the role of **School Anaphylaxis Supervisor**, you must have current approved* anaphylaxis training.

In order to verify the correct use of adrenaline autoinjector devices by others, the **School Anaphylaxis Supervisor** must also complete and remain current in:

- *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and,
- the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years).

Ideally you will already be overseeing the anaphylaxis policy and procedures at the school, which may include managing the location of adrenaline autoinjector devices (EpiPens®). You should be familiar with all of the content within the provided PowerPoint presentation and confident to deliver the briefing.

How often should the briefing be delivered?

This briefing should be delivered by schools twice a year (Term 1 and Term 3).

What is in the presentation?

The presentation is in PowerPoint format and all slides come with notes as a guide to support you in the delivery of this briefing. Some slides require you to include school specific content.

The slides include:

- Slide 1: Title and legal requirements as outlined in Ministerial Order 706
- Slide 2: Pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place

*courses that are considered approved anaphylaxis training for Victorian schools are outlined in MO706 and the Department's guidelines on anaphylaxis management in schools.

- Slide 3: Signs and symptoms of anaphylaxis
- Slide 4: Relevant anaphylaxis training
- Slide 5: ASCIA Anaphylaxis e-training cont.
- Slide 6: ASCIA Action Plan and how to administer an EpiPen®
- Slide 7: Your school's First Aid Policy and the Emergency Response Procedures
- Slide 8: How to access on-going support and training

How long should the briefing run for?

The briefing should take about 30 minutes to deliver. It may take longer depending on how many students are diagnosed at risk of anaphylaxis, and if your school will use the briefing as an opportunity to undertake adrenaline autoinjector competency checks of staff who have successfully completed the *ASCIA Anaphylaxis e-training for Victorian Schools*.

Who should attend?

The briefing needs to be attended by all school staff, including casual relief staff, non-teaching staff and canteen staff - anyone who may be in contact with a student diagnosed at risk of anaphylaxis.

All school policies are reviewed every three years, or earlier in response to incidents or DET instructions.

What preparation is required prior to delivery?

Before you can deliver the briefing you need to:

1. Have a thorough knowledge of Ministerial Order 706 and the associated Anaphylaxis Guidelines for Victorian Schools
2. Have a thorough knowledge of the School's First Aid Procedures for Anaphylaxis for all in-school and out-of-school environments
3. Upload photographs of students diagnosed at risk of anaphylaxis and insert into Slide 2
4. Be familiar with the students at your school and their ASCIA Action Plans, their allergens, their Year Levels and the measures taken to minimise risk in relation to accidental exposure to their allergens.
5. It may be valuable to complete the *ASCIA Anaphylaxis e-Training for Victorian Schools* shortly before delivering the briefing to increase your knowledge and awareness of anaphylaxis and to assist you with delivering this briefing to staff.
6. Talk to any other staff at your school who are trained in undertaking in-person autoinjector competency checks to determine your school's strategy for undertaking these checks (input detail into slide 5).

Anaphylaxis Management School Twice-Yearly Briefing Powerpoint – DET Policy Website.

