



Antonio Park  
Primary School

## **ANAPHYLAXIS MANAGEMENT POLICY**

**Latest DET Update: 08/05/2017**

**First Developed in This Format: June 2017**

### **Rationale**

- Anaphylaxis is a serious health issue for a percentage of the population.
- Guidelines have been developed to assist all Victorian schools to meet their duty of care to students at risk of anaphylaxis and to support those students.
- The Guidelines support schools in complying with legislation, most critically the:
  - *Education and Training Reform Act 2006*, which specifies that a school must have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows (or ought reasonably to know) that the student has been diagnosed as being at risk of anaphylaxis
  - *Ministerial Order 706 - Anaphylaxis Management in Victorian Schools*, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis.
- The Guidelines 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.
- Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide > A – Z Index at the website below (updated 08 May 2017) which is the key reference and support for Antonio Park Primary School.
- The information and directions in this policy are supported by training for schools as detailed in Appendix C.

### **Purpose**

- To ensure Antonio Park Primary School manages children at risk of anaphylaxis.
- To ensure the school complies with legislation and DET policy and guidelines.
- To ensure the school complies with the revised Ministerial Order 706 (MO706).
- To ensure all staff can respond to an anaphylactic reaction.
- To provide, as far as is practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally in all aspects of schooling.

- To raise awareness of anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of children at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the child.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.

### **Definition**

Anaphylaxis is a severe and sudden 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, latex, bee or other insect stings and some medications.

A mild to moderate allergic reaction includes swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Anaphylaxis (a severe allergic reaction) can include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking or a hoarse voice, wheeze or persistent cough, pale pallor and floppiness in young children, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

### **Implementation**

- Antonio Park Primary School will comply with Ministerial Order 706 (effective 3 December 2015) and associated guidelines.
- The school acknowledges its responsibility to develop, review and update its Anaphylaxis Management Policy.
- In accordance with DET policy, the school has developed a mandatory pre-requisite *Health Care Needs Policy*.
- The school 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 DET or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home. Parents of students who have a child in the same grade as a child with an allergy to a particular food item will be made aware of this at the beginning of each school year via a letter home.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the child's Individual Anaphylaxis Management Plan will be followed.
- The school will:
  - ask the child whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®/Anapen®)
  - if the child has not previously done this, administer the adrenaline auto-injector
  - call an ambulance
  - contact the child's emergency contact person and then contact Security Services Unit on 9589-6266.
- The decision about whether a child is able to carry out and potentially self-administer the auto-injector is made while developing the child's ASCIA Action Plan for Anaphylaxis.
- Staff duty of care extends to administering an auto-injector even if the child's ASCIA Action Plan for Anaphylaxis states the child can self-administer.
- When a child self-administers their own adrenaline auto-injector, they have a responsibility to inform staff so that an ambulance can be called.  
Note: Children have a right to self-administer their own adrenaline auto-injector but may not be physically able.

### **Using an EpiPen®**

Prior to use the school will:

- Confirm the expiry date to ensure it is 'in-date' (not expired). If the device has expired, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the expired device.

- Check the viewing window to ensure the adrenaline is not cloudy or discoloured. If the device is cloudy or discoloured, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the cloudy or discoloured device.
- Ensure the device is the correct medication for the individual being treated, or the device is the school adrenaline auto-injector for general use.

Where possible these devices should only be used by staff trained to use it. However, in an emergency they may be administered by any person following instruction from the child's ASCIA Action Plan for Anaphylaxis.

- 1 Remove the EpiPen® from the plastic container.  
Note: Children under 20kg are prescribed an EpiPen Junior® which has a smaller dose of adrenaline.
- 2 Form a fist around the EpiPen® and pull off the blue safety cap.
- 3 Place the orange end against the outer mid-thigh and (with or without clothing).
- 4 Push down hard until a click is heard or felt and hold for 3 seconds.
- 5 Remove the EpiPen®, being careful not to touch the needle, and return it to its plastic container.
- 6 Note the time you gave the EpiPen®.
- 7 Call an ambulance on 000 as soon as possible.
- 8 The used autoinjector must be handed to the ambulance paramedics along with the time of administration.
- 9 Reassure the child experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the child.
- 11 Ask another staff member to move other children away and reassure them separately.
- 12 Watch the child closely in case of repeat reaction.

**Important:** Where there is no marked improvement and severe symptoms as described in the child's ASCIA Action Plan for Anaphylaxis are present, a second injection of the same dose may be administered after 5 minutes.

- In complying with Ministerial Order 706, the Principal will ensure
  - an Individual Anaphylaxis Management Plan for each child diagnosed at risk of anaphylaxis is developed by the parents/carers and the diagnosing medical practitioner and presented to the school
  - a template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the guidelines at [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)
  - the Individual Anaphylaxis Management Plan will be reviewed regularly
  - prevention strategies are in place for in and out of school activities
  - a communication plan in accordance is developed to provide information to all staff (including volunteers and casual relief staff), children and parents about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the child is in class, the school yard, on camp or an excursion or a special event day (see Appendix A at the end of this document)
  - the [Anaphylaxis Risk Management Checklist \(doc 39 \(doc – 142.5 kb\)\)](#) is completed on an annual basis.
  - purchasing spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use.
  - School staff will implement and monitor the Individual Anaphylaxis Management Plan.

Please note: The plan will be in place as soon as practicable after the child enrolls and where possible, before their first day of school.

If necessary, an interim plan will be developed in the meantime. In this case, the Principal will consult with parent/carers about the interim plan and whether or not training and a briefing has been completed for all staff. The Principal will ensure that training/briefing occurs as soon as possible after the interim plan is developed.

- The Individual Anaphylaxis Management Plan must set out the following:
  - Information about the diagnosis, including type of allergy or allergies, the child has, symptoms and the emergency response to administer the child's adrenaline autoinjector should the child display symptoms of an anaphylactic reaction (based on the diagnosis from a medical practitioner).
  - Strategies to minimise the risk of exposure to allergens whilst the child is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions. Please refer to Prevention Strategies below.
  - The name of the person/s responsible for implementing the strategies.
  - Information of where the child's medication will be stored.
  - Emergency contact details for the child.
  - The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents on diagnosis.
  - Emergency procedures to be taken in the event of an allergic reaction.
  - An up to date photo of the child.
- The Management Plan will be reviewed annually, if the condition changes or immediately after a child has an anaphylactic reaction at school or if the child is to participate in an off-site activity such as a school camp or will attend a special event such as the school fete or a class party.
- The Principal will ensure that whilst the child is under the care or supervision of the school, sufficient trained staff are present.
- It is the responsibility of the parent/carer to
  - Provide the emergency procedures plan (ASCIA Action Plan);
  - Inform the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan);
  - Provide an up to date photo when the plan is provided and subsequently reviewed.
  - Provide the school with an Adrenaline Autoinjector that is current and not expired.
  - Update information at least annually and/or if the child is to participate in a school camp.
- Parents/carers can be asked to provide an additional adrenaline auto-injector to be stored in an easily accessible location known to all staff.

### Training

- The Principal is responsible for ensuring that relevant staff are trained in accordance with MO 706 and are briefed at least twice each calendar year. At Antonio Park Primary School, this is all staff.
- In complying with the training requirements of MO706, the school will:
  - nominate two staff members from each campus to undertake the face-to-face training provided by the Asthma Foundation
  - choose one of the three options as above, and
  - if a child at risk of an anaphylactic reaction is enrolled, all staff will be provided with twice yearly briefings (led by any person who has completed Anaphylaxis Management Training in the last two years) on anaphylaxis management including information on how to administer an EpiPen and practise with the EpiPen trainer that will be provided. As part of the briefing, all staff must familiarise themselves with the child/children in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.
- The school will use the presentation has been developed to help schools ensure they are complying with the legislation.
- The first briefing will take place at the beginning of Term 1.
- New staff will be trained as part of the induction process.

- An anaphylactic reaction can be traumatic for the child and others witnessing the reaction. In the event of an anaphylactic reaction, children and staff may benefit from post-incident counseling provided, for example, by the school nurse, guidance officer, Welfare Coordinator or school psychologist.
- Please refer also to the school's *Health Care Needs Policy*.

### **Prevention Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines (pages 20-28) to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes;
- between classes and other breaks;
- in the canteen;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Some of the prevention strategies that will be implemented by the school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.
- identifying susceptible children and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- informing parents of children in the same class as a child with an allergy of that allergy and requesting that their children, where possible, don't have that food contained in their lunches
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring the school keeps a spare, in date EpiPen®/Anapen® for adult and child use in a central location
- ensuring all school camp facilitators have experience in catering for children with allergies and anaphylaxis before making a booking for our school. Ensuring that all allergies are clearly communicated to the camp staff before the camp, and double checking these again on arrival with relevant staff
- Supervising all food and meals served during an excursion or camp

At Antonio Park Primary School, the person responsible for implementing these strategies is Annette Hayes.

### **School Management and Emergency Response**

**In the event of an anaphylactic reaction the school's first aid and emergency response procedures and the effected child's Individual Anaphylaxis Management Plan must be followed.**

School staff who are responsible for the care of children at risk of anaphylaxis have a duty to take steps to protect children from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers. Members of staff are expected to:

- Know the identity of children who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.

- Keep a copy of the child's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the child's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the child's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the child.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that children wash their hands after handling food.
- Raise child and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

The school will ensure that an up-to-date list of all children at risk of anaphylaxis is maintained at all times.

During on-site normal school activities, the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan is located:

- in the First Aid room
- in the Staff Room (ASCIA plan only)
- in the classroom - on display, in the CRT folder and in the individual child's EpiPen esky.
- in all 'general use' EpiPen eskies (ASCIA plan only)
- in the canteen (summary page with photos, names and allergens)

#### Excursions/School Camps

All children must have returned a signed permission note to be able to attend the excursion. Copies of completed permission notes and medical information will be carried by excursion staff at all times. The Teacher-in-Charge of an excursion (or camp) will ensure the child's ASCIA Action Plan is included. The school will provide a first aid kit for each excursion/camp. The Teacher-in-charge is responsible for collecting these prior to leaving.

The school will require the parents/carers to complete the Department's Confidential Medical Information for School Council Approved School Excursions form.

Please refer also to the school's Camps & Excursions Policy.

In choosing a camp venue, the camp management's attitude to and understanding of anaphylaxis will be assessed. The Teacher-in-Charge will confer with parents/carers about the food to be consumed at camp and will arrange with the camp management that such items are not included in the menu for that child. All food and meals served to children with allergies or anaphylaxis will be supervised by teaching staff.

Parents/carers must provide an Adrenaline Autoinjector to be taken on the camp. The school will include one in the first aid kit.

At least one trained staff member will attend the excursion/camp.

If necessary, in consultation with the parents/carers, the child may be excluded from a scheduled camp activity e.g. a bush walk and will be supervised at camp.

If deemed necessary, the school will support the attendance of the child's parent/carer on the camp.

#### **Adrenaline Autoinjectors for General Use**

- The Principal will arrange the purchase of Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents.
- The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
  - the number of children enrolled at the school who have been diagnosed as being at risk of anaphylaxis;

- the accessibility of Adrenaline Autoinjectors that have been provided by parents of children who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and be replaced either at the time of use or expiry, whichever is first (A nominated staff member will be responsible for checking and replacing the Adrenaline Autoinjectors for General Use.)

### **Communication Plan (Appendix A)**

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all staff, children and parents about anaphylaxis and the school's anaphylaxis management policy.

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a child in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of children at risk of anaphylaxis will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care by the Assistant Principal or Wellbeing Officer.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of children diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school's first aid and emergency response procedures
- the location of, and access to, the Adrenaline Autoinjectors that have been purchased by the school for general use or provided by parents

### **Evaluation**

- This policy will be reviewed annually or if guidelines change (latest DET update early May 2017).

This policy was ratified by School Council in July 2017

References:

[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx)  
 (MO706 effective 3 December 2015)

## **APPENDIX A**

### **COMMUNICATION PLAN FOR ANAPHYLAXIS INCIDENTS**

At the beginning of each school year staff are provided with a list of students that have allergies and / or have the potential for anaphylactic reaction. These will be updated throughout the year if necessary. Classroom teachers with anaphylactic students present will send a letter out to families of their class, as close as practicable to the start of the school year, advising them of the anaphylaxis triggers and how to minimise contamination risks. This letter will also be given to new families joining the class throughout the year.

Staff will receive Individual ASCIA Action Plans, which will be placed:

- in student's classroom; including the CRT folder and with the students EpiPen.
- in the staff room;
- in the First Aid Room
- in the After School Hours Care facility
- on school excursions – staff will complete Excursion Checklist indicating they have collected individual EpiPen® for excursion;
- on school camps; and
- Café Antonio (Canteen) will receive the photo ID summary page only.

School Staff will be

- trained; and
- briefed at least twice per calendar year on Anaphylaxis and the use of an EpiPen®

Parents will be

- asked to refrain from sending certain food items to school
- made aware of Anaphylaxis Plans that will be displayed in areas frequented by parents / volunteers i.e. canteen, classrooms etc.

Students will be made aware

- of a fellow student with the potential to have a severe allergic reaction through a letter sent home to each family in the classroom.
- they must always take food allergies seriously
- they don't share food with friends who have food allergies
- wash their hands after eating
- if a school friend becomes sick, get help immediately even if the friend does not want to.
- they don't pressure friends to eat food they are allergic to.

Individual EpiPens® for students who may have an anaphylactic reaction are kept in each student's classroom.

The EpiPen® is to accompany the student to excursions, including sports and camp.

## **APPENDIX B**

### **EMERGENCY RESPONSE PROCEDURES FOR ANAPHYLAXIS INCIDENTS**

#### **CLASSROOM MEDICAL CRISIS**

- The Staff member will not move the patient, laying them flat if there are no breathing difficulties or allowing them to sit. DO NOT let them stand or walk, and remain with them at all times.
- Student or other staff to notify office that immediate assistance is required and to ring for an ambulance.
- Give the adrenaline auto injector as per current guidelines.
- Alternate staff member to remove other students from the classroom.
- Classroom teacher to stay with the child and receive support from an additional staff member.
- Call child's parents to notify them of situation.
- Notify the Principal or AP's of the incident. They will arrange for counselling and additional support if required.

#### **YARD MEDICAL CRISIS**

- The Staff member will not move the patient, laying them flat if there are no breathing difficulties or allowing them to sit. DO NOT let them stand or walk, and remain with them at all times.
- The staff member will then assign a student or other staff member to take the Individual Identity Card to the staff room to notify Staff that immediate assistance is required.
- Staff will follow and complete all of the tasks on the "Anaphylactic Reaction in the School Ground Checklist" located in the clear plastic pocket next to the door.
- Give the adrenaline auto injector as per current guidelines.
- Other staff member to remove remaining students from the yard to another area to be supervised.
- Yard duty teacher to stay with the child and receive support from an additional staff member.
- Call child's parents to notify them of situation.
- Notify the Principal or AP's of the incident. They will arrange for counselling and additional support if required.

#### **MEDICAL CRISIS ON EXCURSION, CAMP OR SPORTS DAYS**

A student who may suffer from an anaphylactic reaction is to be with their own classroom teacher where possible when away from school. In the camp situation, the student is to be in their classroom teacher's group where possible. When away from school due to interschool sports or sports days, the student's EpiPen® will be carried by a teacher or the student, who is travelling with the student to the sport location.

EpiPens® must accompany the student whenever they leave the school for an excursion or camp.

The EpiPen® will be carried by the teacher or the student if requested so by the parents.

A general use EpiPen® will also be taken with any group leaving the school grounds where a student at risk of anaphylaxis is present.

All EpiPens® that are removed from the classroom due to an excursion or camp must be returned upon arrival at school. General use Epipens will be signed in and out on the log inside the cupboard door.

#### **Action to be taken:**

- The Staff member will not move the patient, laying them flat if there are no breathing difficulties or allowing them to sit. DO NOT let them stand or walk, and remain with them at all times whilst calling for help from other staff/adults.

- Assign a staff member to bring the student's EpiPen or a General use EpiPen if closer.
- Give the adrenaline auto injector as per current guidelines.
- Call 000 and ask for an ambulance, stating a student has had an anaphylactic reaction.
- A different staff member or parent helper will remove remaining students from the location to another area to be supervised.
- Teacher to stay with the child and receive support from an additional staff member or parent helper.
- Notify excursion or camp supervisor about the anaphylactic reaction and the need for a staff member to wait for the ambulance.
- Call child's parents to notify them of situation.
- Call the Principal, or AP's if unavailable, to notify them of the incident. They will arrange for counselling and additional support if required.

#### **DIRECTIONS FOR USING EPIPEN®**

- Lay person flat and give EpiPen®
- Form fist around EpiPen® and pull off blue safety release
- 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®
- Phone ambulance 000
- Phone family / emergency contact

## **APPENDIX C**

### **TRAINING OPTIONS FOR SCHOOLS**

- An online model for anaphylaxis training is available to support Victorian schools to meet their training requirements and to improve schools' capacity to provide safe learning environments for young people with severe allergies. It is recommended that **all Victorian school staff** undertake this Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course. The online ASCIA e-training course is fully funded for all Victorian school staff. The course will take approximately one hour and can be accessed from the ASCIA site at: [anaphylaxis e-training: Victorian Schools](#)
- Additionally every school is invited to nominate two staff members from each campus to undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector (e.g. EpiPen) and become School Anaphylaxis Supervisors. Registration for the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: [www.asthma.org.au](http://www.asthma.org.au)
- Once our School Anaphylaxis Supervisors have completed their training, our school can transition to the online model.
- A School Anaphylaxis Supervisor Checklist has been developed to guide schools with the requirements of this role. Training agencies that have the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* in their scope of practice are required to use this checklist to guide their training with Victorian schools.
- Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of MO706:
  - Course in First Aid Management of Anaphylaxis 22300VIC
  - Course in Anaphylaxis Awareness 10313NAT.
  - To find registered training organisations that deliver anaphylaxis training, go to the Australian Government Department of Education and Training site at: [www.training.gov.au](http://www.training.gov.au)
- In summary, school staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

#### Option 1

**All school staff** - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for two years.

#### **AND**

**2 staff per school or per campus** (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.

#### Option 2

**School staff (as determined by the principal)** - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

#### Option 3

**School staff (as determined by the Principal)** - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

**Please note:** First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

#### Twice-yearly anaphylaxis briefing requirements

All schools with a child at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management under MO706.

- A presentation has been developed to help schools ensure they are complying with the legislation. The briefing presentation incorporates information on how to administer an EpiPen and it is expected all staff will practice with the EpiPen trainer devices provided to our school. As part of the briefing, school staff should familiarise themselves with the children and young people in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.
- Any person who has completed Anaphylaxis Management Training in the last two years can lead the briefing. If our school decides to choose the online option, the School Anaphylaxis Supervisor may be the most appropriate staff member for this role. A facilitation guide and speaking notes have also been developed, see: [Department resources](#) above.