



ANAPHYLAXIS POLICY

PURPOSE

This policy ensures that Monivae College provides, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments for their participation in school programs and activities.

Monivae College 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, parents/carers are required to provide relevant information to the school to enable us to carry out our duty of care obligations.

The school requires the active engagement of parents/carers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that comply with Ministerial Order 706: Anaphylaxis Management in Victorian schools and school boarding premises (Ministerial Order 706) for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

The Principal at all times ensures the school complies with Ministerial Order 706: Anaphylaxis Management in Victorian Schools (Ministerial Order 706). The school will also comply with the associated guidelines published and amended by the Department of Education (DE) from time to time to support implementation of Ministerial Order 706 in Victorian schools. The school's processes are documented in the procedure section below.

SCOPE

This policy applies to:

- staff, including volunteers and casual relief staff;
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction; and
- parents/guardians/carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

DEFINITIONS

Key word/abbreviation	Definition
Anaphylaxis	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).
Anaphylaxis Guidelines	A resource for managing severe allergies in Victorian schools, published by the Department of Education (DE) for use by all schools in Victoria and updated from time to time.
Australasian Society of Clinical Immunology and Allergy (ASCIA)	The peak professional body of clinical immunology and allergy in Australia and New Zealand.

Autoinjector	An adrenaline autoinjector device, approved for use by the Australian 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).
Ministerial Order 706	Ministerial Order 706: Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.
School Environment	the school environment includes both onsite and offsite locations and activities as well as the boarding house
Staff	teaching and non-teaching employees, boarding staff, volunteers, casual relief staff and third-party providers working directly with students.

POLICY STATEMENT

The following principles underpin this policy:

- The Principal and all staff are responsible in ensuring the safety and wellbeing of all students in the school environment.
- The Principal and all staff work with parents/carers to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated, and minimised during school activities.
- The Principal and all staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and school approved activities.

Monivae College engages with the parents/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies.

As reflected in Ministerial Order 706 and the school's Enrolment Agreement, parents/carers are required to provide the school with up-to-date medical information to enable the school to carry out its duty of care.

The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for an anaphylactic reaction, where the school has been notified of the diagnosis, which includes an action plan for anaphylaxis in a format approved by the ASCIA (otherwise known as an [ASCIA Action Plan for Anaphylaxis](#))

Parents/carers are responsible for the provision of an updated ASCIA Action Plan with any relevant changes to the student's medical condition as it relates to their allergy and potential for anaphylactic reaction, 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/carers are also responsible for providing an up-to-date photo for the ASCIA Action Plan when it is reviewed. For overseas travel or travel involving flights, an [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) is to be completed by a registered medical practitioner in conjunction with a red ASCIA Action Plan for Anaphylaxis.

Parent/carers must inform the school in writing if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan.

Parents/carers are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date.

The Principal will ensure the storage and display of completed ASCIA Action Plans to facilitate access for staff, including in the staff room, boarding houses and high-risk areas as outlined in Section 3 below.

Parents/carers must participate in an annual Program Support Group (PSG) meeting to revise their child’s anaphylaxis management plan and update the plan based on medical advice.

The School purchases additional adrenaline autoinjectors for general use. They will decide on the type or brand of adrenaline autoinjector that is purchased for general use. These will be stored in the back of reception area. A [First Aid Plan for Anaphylaxis](#) and emergency procedures are stored with the general use adrenaline injectors. The First Aid Officer is responsible for ensuring that general use autoinjectors are replaced at time of use or expiry, whichever is first. The expiry period is generally 12-18 months.

The First Aid Officer must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start of each year to monitor the school’s compliance with Ministerial Order 706 and monitor obligations as published and amended from time to time.

The Principal takes reasonable steps to ensure each staff member has adequate knowledge and training about allergies, anaphylaxis, and the school’s expectations in responding to an anaphylactic reaction. The Principal is responsible for ensuring that all staff undertake and successfully complete appropriate training for anaphylaxis management in accordance with Ministerial Order 706. The School conducts twice yearly anaphylaxis management staff briefings including information set out by the Department of Education (DE) for use in Victorian schools, with one briefing at the commencement of the school year.

Procedures to implement this policy are documented below:

Roles, Responsibilities and Reporting

Role	Responsibility	Reporting requirement (if applicable)
First Aid Officer	Maintain a register of students at risk of anaphylactic reaction	
First Aid Officer	Ensure adequate autoinjectors for general use are available in the school and that they are replaced at time of use or expiry, whichever is first.	
Principal	Ensure twice yearly briefings on anaphylaxis management are conducted, with one briefing held at the commencement of the school year	
Principal	Ensure staff have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off site	

	activities and school approved activities outside school hours	
Compliance and Risk Manager & Principal	Ensure a communication plan is developed to provide information to all school staff, students, parents/guardians/carers about the school's policy and procedures for anaphylaxis management	
Marketing Officer & Principal	Ensure this policy is published and available to the school community	Annual attestation
Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years	Conduct twice yearly briefings for all staff on anaphylaxis management using the briefing template provided by the DE for use in schools	

The Principal / or nominee should:

- actively seek information to identify students with severe life-threatening allergies at enrolment
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The principal has overall responsibility to ensure that a safe and supportive environment is provided for children at risk of anaphylaxis.
- request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up-to-date photograph of the student.
- ensure that parents provide the student's EpiPen and that it is not out of date
- ensure that the school purchases its own EpiPen for use if required, and give consideration to the number required based on the number of children enrolled who may have an anaphylactic reaction
- ensure that all staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- develop a communication plan each year to raise student, staff and parent awareness about severe allergies and the school's policies, and ensure that this is communicated to all staff, volunteers, etc.
- provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms. At least twice annually a briefing will be given to all staff to ensure ongoing compliance

- ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response
- allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen regularly
- encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation
- review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

School Staff

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

- know the identity of students 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
- 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 student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction
- know where the student's EpiPen is kept. Remember that the EpiPen is designed so that anyone can administer it in an emergency
- know and follow the prevention strategies in the student'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 student.
- always take the EpiPen when leaving school property with the student
- avoid the use of food treats in class or as rewards, as these may contain hidden allergens
- work with parents/carers to provide appropriate treats for the student
- 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 students wash their hands after handling food
- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

PROCEDURES

1. Communication with Parents/Carers for Management Information

- 1.1. The First Aid Officer and/or relevant Coordinator engages with the parents/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The First Aid Officer and/or relevant Coordinator 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.
- 1.2. The Principal requires that parents/carers provide up to date medical information and 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/carers are requested to provide this information annually, prior to camps and excursions, and if the child's medical condition changes since the information was provided.

2. Individual Anaphylaxis Management Plans

- 2.1. The Principal is responsible for ensuring that all students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's parents/guardians/carers.
- 2.2. The School requires the IAMP 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 IAMP is developed. The First Aid Officer and/or relevant Coordinator will develop an interim plan in consultation with parents/carers. Training and a briefing/notification will occur as soon as possible after the interim plan is developed.
- 2.3. The IAMP will comply with Ministerial Order 706 and record:
 - 2.3.1. student allergies;
 - 2.3.2. locally relevant risk minimisation and prevention strategies;
 - 2.3.3. names of people responsible for implementing risk minimisation and prevention strategies;
 - 2.3.4. storage of medication;
 - 2.3.5. student emergency contact details; and
 - 2.3.6. student ASCIA Action Plans.
- 2.4. The student's IAMP will be reviewed by the First Aid Officer and/or relevant Coordinator, in consultation with the student's parents, in all the following circumstances:
 - 2.4.1. annually;
 - 2.4.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 2.4.3. as soon as practicable after the student has an anaphylactic reaction at school; and/or
 - 2.4.4. when the student is to participate in an off-site activity, such as camps and excursions or activity conducted, organised or attended by the School.

3. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

- 3.1. The First Aid Officer communicates to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised, or attended by the school. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic travel involving flights or overseas travel.
- 3.2. A copy of each student's IAMP will be stored with their ASCIA Action Plan for Anaphylaxis in the following locations:
 - 3.2.1. Back of Reception Area
 - 3.2.2. Staff Room
 - 3.2.3. Science Prep Room
 - 3.2.4. Canteen
 - 3.2.5. Boarders Kitchen
 - 3.2.6. Chevalier Centre First Aid Room
 - 3.2.7. Home Economics Office
 - 3.2.8. Boys Boarding Main Office
 - 3.2.9. Girls Boarding Main Office

- 3.3. Some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled at the back of reception, together with adrenaline autoinjectors for general use.
- 3.4. The First Aid Officer prepares a summary register of student medical conditions including those at risk of anaphylactic reaction which is on physical display in the Staff Room and on the SIMON intranet knowledge banks to ease of access for staff.
- 3.5. Staff must ensure when preparing for camps or excursions that all medical information has been reviewed and copies of the Action Plan and IAMP are available at all times during the camp or excursion.

4. Risk Minimisation and Prevention Strategies

- 4.1. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.
- 4.2. The Principal ensures 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:
 - 4.2.1. during classroom activities (including class rotations, specialist and elective classes);
 - 4.2.2. between classes and other breaks;
 - 4.2.3. in the canteen and kitchen;
 - 4.2.4. during recess and lunchtimes;
 - 4.2.5. before and after school;
 - 4.2.6. special events including incursions, sports, cultural days or class parties, excursions and camps; and
 - 4.2.7. in Boarding residence.
- 4.3. Monivae College does 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 of Education (DE) or the Royal Children's Hospital. However, the school avoids the use of nut-based products in all school activities, request that parents do not send those items to school if possible and the school reinforces the rules about not sharing foods.
- 4.4. The Principal will ensure that the canteen and kitchen staff:
 - 4.4.1. eliminate or reduce the likelihood of such allergens; and
 - 4.4.2. can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.
- 4.5. The Principal and First Aid Officer regularly reviews the risk minimisation strategies outlined in Appendix A: Risk Minimisation Strategies document, considering information provided by parents related to the risk of anaphylaxis.
- 4.6. Risk Assessments are to be completed for all incursions, excursions, camps, special events, domestic and overseas travel and must include the management of risks relating to a Medical Emergency such as Anaphylaxis. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic travel involving flights or overseas travel. It is also recommended that staff refer to the ASCIA checklist for travel when planning and organising camps and excursions. Further information can be found in the Incursions, Camps and Excursions Policy.
- 4.7. The Principal or delegate will complete an annual [Risk Management Checklist](#) as published by the Department of Education to monitor compliance with their obligations.

5. Register of Students at Risk of Anaphylactic Reactions

- 5.1. The Principal nominates the First Aid Officer to maintain an up-to-date register of students at risk of anaphylactic reaction. This register is shared with all staff and is

accessible to all staff in an emergency. A physical copy of the register is the Staff Room and an electronic copy in SIMON intranet knowledge banks.

5.2. Each student at the school also has an electronic file in SIMON which contains information about medical conditions including Anaphylaxis.

6. Location, Storage and Accessibility of Autoinjectors

6.1. Copies of the [First Aid Plan for Anaphylaxis](#) is displayed and stored with all general use autoinjectors.

6.2. The School purchases a number of autoinjectors for general use as a back-up to autoinjectors provided for individual students by parents and in case there is a need for an autoinjector for a student who has not previously been diagnosed at risk but suffers from an anaphylactic reaction.

6.3. In determining the number of additional autoinjectors required the Principal considers the following:

6.3.1. 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)

6.3.2. the accessibility of autoinjectors (and the type) provided by parents of students who have been diagnosed as being at risk of anaphylaxis

6.3.3. the number and availability of autoinjectors for general use in specified locations at the school including the school yard, boarding house, during excursions, camps and special events conducted, organised or attended by the school

6.3.4. that autoinjectors for general use have a limited life, and 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.

6.4. The School selects a cross section of autoinjector types including EpiPen® and Anapen 500®.

6.5. All autoinjectors are stored according to their storage requirements and staff are notified of the location of general use autoinjectors upon induction, during anaphylaxis briefings twice per year and information within the staff handbook.

7. Using an Autoinjector for General Use

7.1. Autoinjectors for general use are used when:

7.1.1. a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used;

7.1.2. when instructed by a medical officer after calling 000; and/or

7.1.3. first time reaction to be treated with adrenaline before calling 000.

7.2. *Note: if in doubt, give autoinjector as per ASCIA Action Plans. Please review ASCIA First Aid Plan for Anaphylaxis (ORANGE) and [ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#) for further information.*

8. Self-Administration

8.1. The decision whether a student can carry their own EpiPen should be made when developing the student's Anaphylaxis Management Plan, in consultation with the student, the student's parents/carers and the student's medical practitioner.

8.2. It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff still have a duty of care to administer an EpiPen for students who carry their own EpiPens.

8.3. If a student self-administers an EpiPen, they must immediately report to a staff member and 000 must be called. Note: If a student carries their own EpiPen, a second EpiPen (provided by the parent) should be kept on site in an easily accessible, unlocked location that is known to all staff.

9. Emergency Response to Anaphylactic Reaction

9.1. In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the emergency response procedures in this policy and [ASCIA First Aid Plan for Anaphylaxis](#) must be followed.

- 9.2. The Principal ensures 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, in boarding houses, 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.
- 9.3. All staff are familiar with the location and storage and accessibility of autoinjectors in the school, including those for general use.
- 9.4. The Principal has determined how appropriate communication with school staff, students and parents is to occur in event of an emergency about anaphylaxis.
- 9.5. Copies of the emergency procedures [ASCIA First Aid Plan for Anaphylaxis \(General or Pictorial\)](#) are prominently displayed in the relevant places in the school and boarding premises.

10. Staff Training

- 10.1. In compliance with Ministerial Order 706, all Monivae College staff undertake the following accredited training options:
- 10.2. The Principal requires all staff to participate in training to manage an anaphylaxis incident. The training takes place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.
- 10.3. Staff undertake training to manage an anaphylaxis incident if they:
 - 10.3.1. conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction
 - 10.3.2. 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.
- 10.4. The Principal considers where appropriate whether casual relief teachers and volunteers should also undertake training.
- 10.5. Monivae College staff:
 - 10.5.1. successfully undertake the face-to-face training Course in First Aid Management of Anaphylaxis 22578VIC. Accredited for three years in compliance with Ministerial Order 706; and
 - 10.5.2. participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the Principal, who has successfully completed an approved anaphylaxis management training program in the past two years.

11. Anaphylaxis Briefing

- 11.1. The Principal ensures that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing is conducted by the school anaphylaxis supervisor or another staff member who has successfully completed an Anaphylaxis Management Course in the previous two years. The school uses the Anaphylaxis Management Briefing Template provided by the Department of Education for use in Victorian schools.
- 11.2. The briefing includes information about the following:
 - 11.2.1. The school's legal requirements as outlined in Ministerial Order 706
 - 11.2.2. the school's anaphylaxis management policy
 - 11.2.3. causes, signs and symptoms of anaphylaxis and its treatment
 - 11.2.4. names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
 - 11.2.5. relevant anaphylaxis training
 - 11.2.6. ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
 - 11.2.7. the school's general first aid and emergency responses
 - 11.2.8. location of and access to autoinjectors that have been provided by parents or purchased by the school for general use.

- 11.3. All school staff are briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.
- 11.4. Monivae College has three Anaphylaxis Supervisors including the Business Manager, Compliance and Risk Manager and the VET/VCAL Coordinator.
- 11.5. The Business Manager and Deputy Principal are responsible for overseeing training records, however all training records are recorded in the staff members file on the online platform EMS360.

12. Anaphylaxis Communication Plan

- 12.1. The Principal is responsible for ensuring that a communication plan (Appendix D) is developed to provide information to all school staff, students and parents/guardians/carers about anaphylaxis and the school's anaphylaxis management policy.
- 12.2. This communication plan includes strategies for advising school staff, students and parents/guardians/carers about how to respond to an anaphylaxis reaction of a student in various environments:
- 12.2.1. during normal school activities, including in a classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- 12.2.2. during off-site or out of school activities, including on boarding premises, excursions, school camps and at special events conducted, organised or attended by the school.
- 12.3. The Communication Plan includes 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 the approved training, and have received the provision of an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706
- 12.4. The Anaphylaxis Policy is publicly available on the school's website and school intranet and any updates are communicated as per the school's communication processes.

GOVERNANCE

Supporting procedures	Nil
Supporting schedules	Emergency Management Plan
Associated policies	Camps and Excursions Policy Medication Policy First Aid, Infection Prevention and Control Policy
Related Legislation	Education and Training Reform Act 2006 (Vic) Ministerial Order 706
Category	Student Health, Safety, Wellbeing and Engagement
Approval	School Leadership Team 09.02.2024
Endorsement	Relevant Senior Officer 09.02.2024
Policy Owner	Compliance and Risk Manager

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Content Enquiries	eguthrie@monivae.vic.edu.au

VERSION CONTROL

Jun 2018	V1.0	Initial release
Feb 2020	V1.1	Minor update to training packages
Feb 2021	V1.2	Minor review to include management checklist requirements
Feb 2022	V1.3	Update to include boarding premises
Feb 2024	V1.4	Update to include Anapen references.

Appendix A: Risk Minimisation Strategies

Learning Spaces / Classrooms

1.	Copy of the student's Individual Anaphylaxis Management Plan kept in the back of reception area, science room, food technology area and staff room noticeboard.
2.	Liaison with parents about food-related activities ahead of time.
3.	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats from other students in class should not contain the substances to which the student is allergic.
6.	Products labelled '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.	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes.
8.	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9.	Acknowledgment that children with food allergy need special care when cooking or undertaking food technology. Staff liaise with parents/carers prior to the student undertaking these activities/subjects. Food Tech staff 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.	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	The relevant Manager should inform relief 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.

Canteen and Kitchen

1.	Canteen and Kitchen staff to be trained in food allergen management and its implications on food handling practices.
2.	Canteen and Kitchen staff are briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management.
3.	Display the student's name and photo in the cafeteria as a reminder to staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Cafeteria provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list.
6.	Surfaces are wiped down regularly.
7.	No-sharing of food approach is adopted.
8.	Awareness of contamination of other foods when preparing, handling or displaying food.

School Grounds

1.	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of EpiPens.
2.	EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds.

3.	A communication plan is in place for Staff on Duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Officer if an anaphylactic reaction occurs during recess or lunch time.
4.	Staff on duty can identify those student's at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
6.	Lawns are regularly mowed and bins are covered.
7.	Students are to keep drinks and food covered while outdoors.

Special Events

1.	Sufficient staff who have been trained in the administration of an Epi-Pen are supervising students.
2.	Avoid using food in activities or games.
3.	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event.
5.	Party balloons are not to be used if a student is allergy to latex.

Excursions / Camps / Tours

1.	Staff trained in administering an EpiPen are to attend.
2.	Appropriate methods of communications must be discussed.
3.	Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student.
4.	Individual Anaphylaxis Management Plans and EpiPens are to be easily accessible and staff must be aware of their location.
5.	Risk assessment of the excursion/camp/tour must be completed prior to departure.
6.	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).
7.	Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion/camp/tour.
8.	Monivae College attempts to only use providers/operator services who can provide food that is safe for anaphylactic students.
9.	Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis.
10.	Staff in charge should consult with parents of students at risk to ensure appropriate risk minimisation strategies are in place.
11.	The School will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis.
12.	The use of substances containing allergens should be avoided where possible.
13.	The Student's EpiPen and action plan must be taken on camp and a mobile phone. If there is no mobile phone access, alternative methods e.g. Satellite phone will be considered.
14.	EpiPens should remain close to the students and staff must be aware of its location at all times.
15.	Students with anaphylactic responses to insects should wear closed shoes and long-sleeve garments when outdoors and are encouraged to stay away from water and flowering plants.

16.	General use EpiPens are included in excursion first aid kits.
17.	Consider exposure to allergens when consuming food during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.
18.	Cooking and art and craft games should not involve the use of known allergens.

Overseas Travel

1.	Strategies used are similar to those for camps/remote settings.
2.	Investigate potential risks at all stages of the overseas travel; Travel to/from airport/port Travel to/from Australia Various accommodation venues; All towns and venues visited; Sourcing safe food; Risk of cross contamination including; Exposure to food of other students; Hidden allergens; Whether the table and surfaces are cleaned to prevent reaction; Whether the other students wash their hands when handling food.
3.	Assess where each of these risks can be managed using minimisation strategies such as the following; Translation of student's Individual Anaphylaxis Management Plan and ASCIA Action Plan; Sourcing safe food; Obtaining names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited; Obtaining emergency contact details; Sourcing the ability to purchase additional EpiPens.
4.	Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a results of an anaphylactic reaction can be paid.
5.	Plan for appropriate supervision of students at risk of anaphylaxis at all times including; Sufficient staff who have been trained in Anaphylaxis Management Supervision of at risk students during meal times and when taking medication; Adequate supervision of any affected student(s) requiring medical treatment and other students; Staff/students ratios are maintained, including in the event of an emergency where students may need to be separated.
6.	Adapt the School's Emergency Response Procedure if required given local circumstances.
7.	Keep records of relevant information; Dates of travel; Name of airline and contact details; Itinerary detailing proposed destinations, flight information and duration of stay; Hotel addresses and telephone numbers; Proposed means of travel within the overseas country; List of students and each of their medical conditions, medication and other treatment(s) if required; Emergency contact details of hospitals, ambulances and medical practitioners; Travel insurance details; Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan; Mobile phone numbers or other communication devices that will enable staff to contact emergency services.

Boarding House

1.	Boarding House staff are trained in Anaphylaxis Management.
2.	Education for students, staff, and parents about common allergens and the signs and symptoms of anaphylaxis. Raise awareness about the importance of avoiding allergens and understanding the severity of allergic reactions.
3.	Creation of safe spaces within the Boarding houses where student can eat and socialise without fear of exposure
4.	Clearly label all food items with their ingredients and potential allergens, and provide alternative options for students with specific dietary restrictions.
5.	Work with students and their parents/guardians to develop individualised care plans that outline their specific allergy triggers, symptoms, and emergency procedures. Ensure that all staff members are aware of and trained in implementing these care plans.

6.	Maintain a readily accessible supply of epinephrine auto-injectors in key locations throughout the boarding house.
7.	Conduct inspections of the boarding house facilities to identify and address any potential allergen exposures or safety hazards. Review and update the anaphylaxis management plan on an ongoing basis to incorporate feedback, new information, and best practices.

Appendix B: Emergency Response to Anaphylactic Reaction

A First Aid Plan for Anaphylaxis poster is available on the [ASCIA website](#)

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 – 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 an 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.

Appendix C: Action Plans for Anaphylaxis



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis



Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY _____

Signed: _____

Date: _____

For use with EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



- 2 GIVE ADRENALINE AUTOINJECTOR**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

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

Asthma reliever medication prescribed: Y N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen®

- 

1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 

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

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

EpiPen® is prescribed as follows:

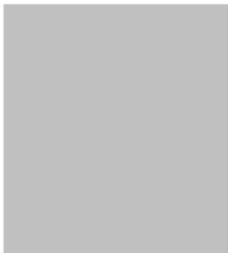
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with **Anapen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT** - do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



- GIVE ADRENALINE AUTOINJECTOR**
 - Phone ambulance - 000 (AU) or 111 (NZ)**
 - Phone family/emergency contact**
 - Further adrenaline may be given if no response after 5 minutes**
 - Transfer person to hospital for at least 4 hours of observation**
- IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR**
Commence CPR at any time if person is unresponsive and not breathing normally

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

Asthma reliever medication prescribed: Y N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give Anapen®



1
PULL OFF BLACK NEEDLE SHIELD



2
PULL OFF GREY SAFETY CAP from red button



3
PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4
PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

Appendix D: Communication Plan

PURPOSE

The Anaphylaxis Communication Plan will ensure all members of Monivae College community are aware of the procedures for the prevention and management of anaphylaxis at school, or outside school on school related activities.

IMPLEMENTATION

Expectations of enrolling parents

At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student with anaphylaxis. It is expected that parents will advise the school without delay when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis. An Australian Society of Clinical Immunology and Allergy (ASCIA) Anaphylaxis Action Plan will be developed for each student affected, by their medical practitioner and a hard copy will be placed in the Administration Building, Food Studies area, Physical Education area, Science area and Canteen. The diagnosis will also be listed on SIMON (School Attendance Program)

An individual risk minimisation plan will also be completed by the school together with parent/guardians. The risk minimisation plan will be stored with the student's action plan in the main reception office.

Publication

This Anaphylaxis Communication Plan will be published on the school's website and on the staff intranet.

Casual Relief Teacher (CRT)

Will be made aware of Anaphylactic Students in their care via SIMON. They are identified on the attendance rolls with a medical icon.

All Casual Relief teachers MUST have up to date Anaphylaxis training.

Communication to all staff

All staff will be briefed regularly on Anaphylaxis. At this time instructions for action will be detailed. Relevant staff must be trained and briefed twice per calendar year and tested by an Anaphylaxis supervisor every two years.

Raising Student Awareness

Classroom education from Student Leaders and year level coordinators during the year will reinforce the importance of:

- Hand washing
- Not sharing food and discouraging peanut and tree nut products in all forms being brought into the school
- Raising peer awareness of serious allergic reactions
- Ensuring trip and excursion groups, and sporting teams are aware of peer needs, in relation to people with severe medical alerts and those at risk of anaphylaxis.

Individual Anaphylaxis Action Plans (ASCIA):

The individual Anaphylaxis Action Plan will be in place as soon as practicable after the student enrolls and where possible, before their first day of school. This should include:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions
- The name of the person/s responsible for implementing the strategies
- The student's emergency contact details
- Information on where the student's medication will be stored.

Responding to Anaphylaxis

Classrooms

In the event of an anaphylactic reaction in the classroom, the teacher is to immediately implement the student's ASCIA Action Plan:

- Call 000
- Call another staff member to remove other students from the area. This staff member to call the General Office/Principal
- Two staff members to bring the student's EpiPen, ASCIA Action Plan, mobile phone and school's spare EpiPen, and proceed immediately to the site of emergency
- Staff member trained in the administration of an EpiPen to give injection
- The teacher is to stay with the student who is experiencing the reaction
- Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes
- Office/Leadership Team member will coordinate emergency procedures.

Boarding House

In the event of an anaphylactic reaction in the classroom, the supervising staff member is to immediately implement the student's ASCIA Action Plan:

- Call 000
- Call another staff member to remove other students from the area. This staff member to call the Director – Boarding
- A staff member must bring the student's EpiPen, ASCIA Action Plan, mobile phone and spare EpiPen, and proceed immediately to the site of emergency
- Staff member trained in the administration of an EpiPen to give injection
- The staff member is to stay with the student who is experiencing the reaction
- Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes
- Director - Boarding will coordinate emergency procedures.
- The Principal and a member of the Leadership Team should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

Yard

Yard duty staff members will not leave a student who is experiencing anaphylaxis unattended. The yard duty staff member will:

- Call 000 immediately (if mobile phone available)
- Notify the main office via phone or by sending another staff member or student.

Two staff members are to bring the student's EpiPen, ASCIA Action Plan, mobile phone and general EpiPen and proceed immediately to the student who is having an anaphylactic reaction. At the site of the emergency:

- Where possible, a staff member trained in the administration of an EpiPen will give the injection
- If 000 has not already been called, this is to be done via mobile phone immediately and advise the operator that a student has suffered an anaphylactic/severe allergic reaction and that an EpiPen has been administered

- The staff member who administered the EpiPen will record the time when the injection was given
- The staff members to monitor the student if signs of anaphylaxis subside or return. If necessary, administer the general EpiPen after 5 minutes.

The Office/Leadership Team will coordinate emergency procedures including contacting the student's emergency contact person.

Special Event Days, Excursions and Camps

Prior to leaving the school on an excursion (including camp), the teacher in charge/office staff will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen. The student's labelled EpiPen, ACSIA Action Plan and a general EpiPen will be taken to the off-site event.

Best practice is students with Anaphylaxis to carry their own at home EpiPen on them as at all times at school and on excursions, trips. The school supports and strongly recommends this occurs. The staff involved must address the risk minimisation procedures prior to the event and ensure precautions are taken. The individual risk minimisation form with the students Anaphylaxis plan in the main office, gives specific guidelines to consider.

In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance then notify the school. The Principal and a member of the Leadership Team should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

Administration of an EpiPen:

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- Check and administer EpiPen as per training
- Phone ambulance (call 000)
- Contact family or emergency contact
- A further adrenalin dose may be given if there is no response after 5 minutes (use a non-prescription adrenalin auto injector if required)
- Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used EpiPen/s.

Post-Incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident/Accident Report form including full details of the event and what occurred via EMS360
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school
- Debrief with students directly involved as witnesses to the event
- Debrief of staff involved
- Communication with Principal and members of Leadership Team, as appropriate, regarding the particulars of the incident, actions taken and outcomes
- Discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal)
- Review the student's Individual Management Plan (the Principal/Leadership Team and First Aid Coordinator)
- Implement updated risk prevention strategies (where applicable).

Target Group	Message(s)	Communication process	Frequency
Staff (including casual relief staff and volunteers)	Correct process to respond to an anaphylactic reaction on and off-campus	Staff training Staff briefings Display ASCIA Action Plans in staff common rooms, cafeteria, food tech and prep classrooms ASCIA Plans stored with EpiPen® & transported to all off-campus events	Every 3yrs face-to-face or 2yrs online Bi-annual and prior to First Aid training sessions Continual Continual
All Staff & contractors	Aware of risk minimisation and prevention strategies for anaphylaxis	ASCIA Action Plans stored on the SIMON database and/or in first aid rooms or reception areas Anaphylaxis Policy, Procedure & Anaphylaxis Emergency Response Plan displayed on eSORT and in staff common rooms	Continual and updated annually Continual
Students	Promote anaphylaxis awareness & Emergency Response Plan Fostering a safe school environment	Teachers, first aid officers or school nurses discuss the 'Be a MATE' resources with students Participate in Food Allergy Week Inform students that other students have allergies and remind students that putting an anaphylactic student at risk constitutes bullying	Annual or as required May, bi-annually Commencement of 1st Term and as required
Parents and Community	Promote Anaphylaxis Awareness & Emergency Response Plan Promote Awareness & DOBCEL Policy & Procedures Individual Management Plans	Information about anaphylaxis on the website and in newsletters. Encourage parents/carers of 'at risk' students to complete the free E-Learning Anaphylaxis course to improve their awareness Participate in Food Allergy Awareness week Anaphylaxis Management policy and procedure on eSORT and the website First aid officer or school nurse to meet with student, and parents/carers to discuss these Plans and strategies	Continual and as required May, Bi-annually Continual Start of 1st Term & when a new student enrolls.

This Communication Plan should be reviewed on an annual basis. Details of the components to be adopted are to be recorded in the school Annual Anaphylaxis Risk Management Checklist.

Credible sources of information to use for awareness raising activities can be obtained from:

- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Royal Children's Hospital Anaphylaxis Advisory Line: Mon-Fri, 8:30-5pm 1300 725 911
- Royal Children's Hospital, Department of Allergy and Immunology