IVANHOE
GRAMMAR SCHOOL
courageous and kind

# Anaphylaxis Policy

## 1. Statement of Context and Purpose

Ministerial Order 706 sets out the requirements that Ivanhoe Grammar School (the **School**) follows as a minimum standard for school registration under Part IV of the *Education and Training Reform Act 2006* (Vic).

The School is committed to complying with Ministerial Order 706, and this policy seeks to so far as practicable, provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

This policy aims to:

(a) Minimise the risk of an anaphylactic reaction occurring while a student is in the care of the School

(b) Ensure that all staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including administering an adrenaline autoinjector (e.g. EpiPen®)

(c) Raise the School community's awareness of anaphylaxis and its management through education and policy implementation

(d) Engage with parents and/or carers of students at risk of anaphylaxis to assess risks, and to develop risk minimisation and prevention strategies and individual management plans for specific students.

This policy is to be read in conjunction with the School's first aid and emergency response policies and procedures as well as the Anaphylaxis Communication Plan.

## 2. Scope

This policy applies to parents of students, the Board of Governors, the Principal, staff, volunteers, contractors and other authorised personnel required to perform functions on the School's premises or at events or activities held in connection with the School (including those occurring off-site).

The School recognises the importance of ensuring that all staff are trained in the identification of risk factors, the recognition of early signs of an anaphylactic episode and the use of an adrenaline auto-injector.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any context that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the School recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen

## 3. Policy

### 3.1 Anaphylaxis Management Overview

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Adrenaline given through an adrenaline autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

The key to prevention is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. This requires communication between parents/carers and the School to ensure that certain foods or known and potential allergens are kept away from the student while these students are in the care of the School.

### 3.2 Management of Anaphylaxis (Prevention and Risk Management Strategies)

School staff are regularly reminded that they have a duty of care to take reasonable steps to protect students from risks of injury that are reasonably foreseeable. It is recommended that staff determine which strategies (for various settings) are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general school environment. Risk minimisation strategies should be considered for all relevant on-site and off-site settings. Not all strategies will be relevant for each circumstance.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the School's Bullying, Sexual Harassment and Discrimination Policy.

The School will use prevention strategies to minimise the risk of an anaphylactic reaction. Such strategies will include:

(a) Individual Anaphylaxis Management Plans (**IAMP**) for affected students
(b) The purchase of adrenaline autoinjectors for general use
(c) A School Communication Plan
(d) Training of staff in anaphylaxis management
(e) Completion of an Annual Risk Management Checklist.

It is also strongly encouraged by the School that by secondary school age, students at risk of anaphylaxis, are responsible and educated in the identification and management of their allergies.

Parents

To manage the risk of anaphylaxis, parents of enrolled students will:

(a) Communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably before or on enrolment. This information is requested during the enrolment process, including in the transition day form and medical information form
(b) Continue to communicate with the School and provide up to date information about their child's medical condition (including by reviewing and updating their child's medical information when completing permission forms for excursions and off-site events)
(c) Provide the School with an in-date Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan
(d) Participate in yearly reviews of their child's IAMP.

Classrooms

In classrooms, the following strategies will be adopted by the School:

(a) Student IAMP's and accompanying ASCIA Action Plan for Anaphylaxis will be easily accessible
(b) Staff will liaise with parents about food-related activities ahead of time
(c) The School will use non-food treats where possible. If food treats are used, it is recommended that parents of students with food allergies provide a treat box with

alternative treats. Treat boxes should be clearly labelled and only handled by the student

(d) Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy, and so forth

(e) The School will be aware of the possibility of hidden allergens in food containers and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars)

(f) Ensure that all cooking utensils, preparation dishes, plates, etc., are washed and cleaned thoroughly after preparation of food and cooking

(g) Have regular discussions with students and staff about the importance of washing hands, eating their own food and not sharing food

(h) Ensure a designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any student at risk of anaphylaxis, the location of each student's IAMP and adrenaline autoinjector, the School's Anaphylaxis policy, and each individual person's responsibility in managing an incident.

School Yard

In the School yard, the following strategies will be adopted:

(a) Sufficient staff will be on yard duty who are trained in the administration of the adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if needed

(b) The adrenaline autoinjector and each student's IAMP will be easily accessible from the yard, and staff should be aware of their exact location. See Emergency First Aid location guide

(c) A Communication Plan is in place so that a student's medical information and medication can be retrieved quickly if a reaction occurs. All staff on yard duty must be aware of the School's emergency procedures

(d) Yard duty staff can identify, by emergency photo cards in yard bags, those students at risk of anaphylaxis

(e) Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Parents should liaise with the School regarding appropriate garments for children with anaphylactic responses to insects

(f) Lawns and clovers will be mowed regularly and outdoor bins will be kept covered

(g) Students will be asked to keep drinks and food covered while indoors.

Internal activities and events

At special internal events (e.g. sporting events, incursions, parties), the following strategies should be adopted:

(a) Sufficient School staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to a reaction

(b) Staff are asked to avoid using food in activities or games

(c) Staff should consult parents in advance to either develop an alternative food menu or request parents to send a meal for the student

(d) Parents should be informed about foods that may cause allergic reactions in other students and request that they avoid providing their child with treats

(e) Any party balloons used by the School should be latex free.

Off-site activities and events

At field trips, excursions and external sporting events, the following strategies should be adopted:

(a) Sufficient School staff supervising the event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required

(b) A School staff member trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on excursions

(c) School staff should avoid using food in activities or games, including as rewards

(d) The adrenaline autoinjector and a copy of the IAMP for each student at risk of anaphylaxis should be easily accessible and School staff must be aware of their exact location

(e) A risk assessment should be undertaken for each student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and the corresponding staff-student ratio

(f) All School staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face

(g) School staff should consult parents of anaphylactic students in advance to discuss issues that may arise, to develop an alternative food menu, or request the parents provide a meal (if required)

(h) Before the excursion taking place School staff should consult with the student's parents and medical practitioner (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the particular excursion activity.

Camps

At camps and remote settings, the following strategies should be adopted, and:

(a) Prior to engaging a camp owner/operator's services, School staff will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider

(b) The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc

(c) School staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis

(d) School staff will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates

(e) School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken

(f) If School staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students

(g) Use of substances containing allergens should be avoided where possible

(h) Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts

(i) The student's adrenaline autoinjector, IAMP and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone

(j) Before the camp taking place School staff should consult with the student's parents to review the student's IAMP to ensure that it is up to date and relevant to the circumstances of the particular camp

(k) School staff participating in the camp must be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Staff will ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School staff participating in the camp are clear about their roles and responsibilities

(l) School staff will contact local emergency services and hospitals prior to the camp to advise them of the medical conditions of students at risk, the location of the camp and location of any off camp activities. The School will ensure contact details of emergency services are distributed to all School staff as part of the emergency response procedures developed for the camp

(m) Adrenaline autoinjector for general use will be taken on a School camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. The cost of the spare adrenaline autoinjector(s) will be built into yearly camp costs

(n) All camp first aid kits are provided with appropriate number of adrenaline autoinjector for general use to ensure risk minimisation of anaphylaxis

(o) The adrenaline autoinjector should remain close to the students on camp and School staff must be aware of its location at all times

(p) The adrenaline autoinjector should be carried in the School's first aid kit; however, School staff can consider allowing students, particularly senior students with known allergies or risks of anaphylaxis, to carry their own adrenaline autoinjector on camp. Remember that all School staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.

(q) Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants

(r) Cooking and art and craft games should not involve the use of known allergens

(s) School staff should consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Travel

During overseas travel, the following strategies should be adopted:

(a) Review and consider the strategies listed above for field trips, excursions, sporting events, camps and remote settings. Where an excursion or camp is occurring overseas, the School should involve parents in discussions regarding risk management well in advance

(b) Investigate the potential risks at all stages of the overseas travel such as:

- travel to and from the airport/port
- travel to and from Australia (via airplane, ship etc.)
- various accommodation venues
- all towns and other locations to be visited
- sourcing safe foods at all of these locations
- risks of cross contamination including exposure to the foods from the other students, hidden allergens in foods, whether the table and surfaces and equipment that the student may use will be adequately cleaned to prevent a reaction; and whether the other students will wash their hands when handling food.

(c) Assess where each of these risks can be managed using minimisation strategies such as the following:

- translation of the student's IAMP
- sourcing of safe foods at all stages
- obtaining the 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 adrenaline autoinjectors.

(d) 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 result of an anaphylactic reaction can be paid

(e) Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient School staff attending the excursion who have been trained in anaphylaxis management
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

(f) The School should re-assess its Emergency Response Procedures, and if necessary adapt them to the particular circumstances of the overseas trip. The School will keep a record of relevant information such as the following:

- dates of travel
- name of airline, and relevant contact details
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
- 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 (if any)
- emergency contact details of hospitals, ambulances, and medical practitioners in each location
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans
- possession of a mobile phone or other communication device that would enable School staff to contact emergency services in the overseas country if assistance is required.

Work Experience

Where a student undertakes work experience as part of their enrolment at the School, the School's Work Experience Coordinator will ensure that parents have informed the relevant workplace of their student's allergy and/or risk of anaphylactic reaction and need to carry an adrenaline autoinjector (such as an EpiPen®).

### 3.3 Management and Emergency Response Procedures

In the event of an anaphylactic reaction, the School will follow the Emergency Response Procedures, its general first aid and emergency response procedures and if applicable, the student's IAMP (including an ASCIA Action Plan).

In this regard, the School maintains a medical alert list on its internal electronic management system of each student who has been diagnosed with a medical condition relating to an allergy or the potential for an anaphylactic reaction. This list includes a photo of the student, their full name, class, and details of their allergy or condition and whether an EpiPen has been prescribed (e.g. anaphylaxis, peanuts and nut products, EpiPen).

The Principal ensures that:

- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, there are a sufficient number of School staff present who have been trained in anaphylaxis management
- The list of students who have been diagnosed with a medical condition relating to an allergy or the potential for an anaphylactic reaction is updated as frequently as required, and is accessible to all School staff (whether via Ivanhoe Connect, SEQTA or through hard copy folders and information boards at various locations across the School's campuses)
- There is a sufficient number of staff present at all School connected activities or events (regardless of whether occurring on-site or off-site) who are trained to

respond to anaphylaxis in accordance with this policy (and the requirements of Ministerial Order 706).

Classroom

In the event of an anaphylactic episode in the classroom the Teacher will contact emergency services, the Health Centre/Sickbay and if applicable, follow the student's IAMP (including an ASCIA Action Plan).

School Yard

In the event of an anaphylactic episode in school yard, the following campus-based actions will be followed:

| Campus | Action in event of an anaphylactic episode in school yard |
|---|---|
| **Buckley House**<br>**The Ridgeway Campus**<br>**Plenty Campus**<br>**University Campus** | The Yard Duty Teacher will send runners to the HC/ main reception to get assistance. The nurse or teacher will go to assist at the scene and bring the first aid kit, phone and get an adrenaline autoinjector to be brought back to the student as soon as possible.<br>Teacher to remain with student and call an ambulance, whilst monitoring the student with regard to DRABCD.<br>Office staff to notify the Principal and send staff to appropriate gate to guide the ambulance and emergency services personnel.<br>See Emergency Evacuation Plans. |
| **When at Latrobe Campus** | Students checked prior to leaving UC to ensure they are carrying their EpiPen.<br>Staff member in charge will carry a first aid kit with a general use EpiPen across to Latrobe.<br>The Teacher will contact the Health Centre via phone to ask for assistance. Teacher to contact Latrobe security and alert them to medical emergency.<br>Teacher to remain with student and call an ambulance, whilst monitoring the student with regard to Dr ABCD.<br>See Emergency Evacuation Plans. |

Excursion, Sports Event or Camp

In the event of an anaphylactic episode at an excursion, sports event or camp the supervising staff member will call emergency services, administer adrenaline autoinjector and if applicable, follow the student's the IAMP.

Where possible, only School staff with relevant training should administer the student's adrenaline autoinjector. However, an adrenaline autoinjector must be administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline autoinjector may be administered by any person following the instructions in the student's IAMP (including ASCIA Action Plan) if applicable.

The School's general first aid and emergency response procedures should also be followed to the extent that it is reasonably practicable to do so off-site.

### 3.4 Individual Anaphylaxis Management Plans (IAMP)

The Principal ensures that an IAMP is developed for each student diagnosed by a medical practitioner as having a medical condition that relates to an allergy and the potential for an anaphylactic reaction, where the School has been notified of that diagnosis. The IAMP will be

developed in consultation with the student's parent/carer as soon as practicable after the student enrols and where possible before the student's first day of school.

The IAMP must contain:

(a) Information about the student including:
    - Name,
    - Date of birth,
    - Recent photograph of the student,
    - List of potential allergens
    - Family and emergency contact details.

(b) Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on diagnosis by a medical practitioner)

(c) Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff (for in-school and out-of-school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the School)

(d) The name(s) of the person(s) responsible for implementing the strategies

(e) Information on where the student's medication will be stored

(f) An action plan for anaphylaxis (in a format approved by the ASCIA), provided by the student's parent/carer which:
    - is signed and dated by the student's treating medical practitioner (who was treating the student on the date the action plan was created), and
    - sets out the emergency procedures to be taken in the event of an anaphylactic reaction, and includes an up to date photograph of the student.

Student's IAMPs will be reviewed, in consultation with the student's parents/guardians or carers in the following circumstances:

(a) Annually, or more frequently in-line with student's IAMP

(b) As soon as practicable if a student's medical condition changes insofar as it relates to allergy and the potential for anaphylactic reaction

(c) As soon as practicable after a student has an anaphylactic reaction at School

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

It is the responsibility of the parent/carer to:

(a) Provide the School with a colour copy of their child's IAMP and ensure that up to date versions of the IAMP are provided for the duration of the child's enrolment

(b) Inform the Principal or their delegate in writing as soon as possible if their child's medical condition (in so far as it relates to allergy and the potential for anaphylactic reaction), changes and if relevant, provide an updated IAMP)

(c) Provide the School with an adrenaline autoinjector that is current and not expired for their child

(d) Provide an up to date photograph for the IAMP when the plan is provided to the School and when it is reviewed.

### 3.5 Location of Individual Anaphylaxis Management Plans

<u>On-Site</u>

Student IAMP's (including their ASCIA Action Plans) are located on SEQTA (the School's secure electronic student wellbeing platform).

Copies of student IAMP's are also kept at the following locations at each campus:

(a) Identified risk classrooms (e.g. food technology room, gymnasium, classrooms where practical activities or experiments are performed)

(b) The Canteen
(c) Mentor classrooms and locations
(d) The Health Centre
(e) At various locations around the School, including those where EpiPens for specific student use are stored at each campus (e.g. the Health Centre. For details, refer to the 'First Aid Equipment at each Campus' document).

Off-Site

Student IAMP's are to be brought to off-site activities (such as camps and excursions), and be readily accessible by staff.

For School events such as swimming sports, a first aid station will be set up and marked on the emergency response plan. Student IAMP's will be held at this station.

For all other off-site events (including camps, remote settings, field trips, overseas travel, excursions and work experience), a student's IAMP, along with any ASCIA Action Plan will be stored together with the first aid kit, in a clearly labelled bag or folder. Adrenaline autoinjectors will be stored with the first aid kit.

This information will be provided to the Teacher in Charge along with other information provided in the first aid briefing.

The Teacher in Charge of the off-site activity will hold responsibility for storing the IAMP's (and associated information) in a safe, but accessible location (with regard to the logistics of the site) and ensuring that location is clearly known to staff present at the off-site activity.

### 3.6 Adrenaline autoinjectors

It is acknowledged that early administration of adrenaline is paramount in the management of Anaphylaxis. According, the School notes the following:

(a) The Principal is responsible for the purchase of additional adrenaline autoinjector(s) for general use and as a back-up to those supplied by parents. In doing so, the Principal will have regard to:
- the number of students enrolled at the School who have been diagnosed with a medical condition relating to allergy and the potential for anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents
- the fact that adrenaline autoinjectors have a limited life (typically within 12-18 months) and those stored for general use will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at each of the School's campuses and also in the School yard and at excursions, camps and special events conducted, organised or attended by the School.

(b) With regard to the factors above, the Principal will authorise that the School purchase at least one adrenaline autoinjector for general use as a back up to the one supplied by parents for each student diagnosed with anaphylaxis plus a minimum of one additional adrenaline autoinjector for general use for each campus if, to the School's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or anaphylaxis

(c) An adrenaline autoinjector database is maintained and monitored by the School's Nurses and ensures the replacement of autoinjectors after use or before the expiry date.

### 3.7 Storage and Location of Adrenaline autoinjectors (including those for general use)

Storage by Students

(a) For students under 10 years, it is not advised that they carry their medication kit (including their adrenaline autoinjector) on their person unless they travel to School without an adult present, or have been advised to do so by their medical practitioner

(b) Students above the age of 10 years may carry their own medical kit (including their adrenaline autoinjector and IAMP) on their person at all times. If this is the case, it will be listed in the student's medical alert on SEQTA and within their IAMP

(c) Secondary school students (and other students upon receipt of medical advice) diagnosed at risk of anaphylaxis are expected to carry their IAMP, adrenaline autoinjector and associated medications including Salbutamol if prescribed with them

(d) It is recommended that an adrenaline autoinjector be stored in an insulated wallet to ensure that the adrenaline is not affected by changes in temperature or light

(e) Students are also expected to provide to the School an adrenaline autoinjector and the necessary medications as outlined in their IAMP to be stored in the Health Centre as a spare. All adrenaline autoinjectors and other emergency medications must be stored with a student's IAMP and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Storage by the School

The following procedures will be followed for storage of adrenaline autoinjectors (both for individual students and general use) by the School:

(a) Adrenaline autoinjectors are stored correctly and able to be accessed quickly

(b) Adrenaline autoinjectors are stored in an unlocked, easily accessible, cool and dark place at room temperature, but not in a refrigerator or freezer. If these conditions cannot be maintained, the School will store the adrenaline autoinjector in an insulated wallet

(c) Each adrenaline autoinjector for individual students is to be clearly labelled with the student's name and stored with a copy of the student's IAMP

(d) An adrenaline autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (Orange)

(e) Adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline autoinjector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

Whenever adrenaline autoinjectors for general use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and person taking or returning the adrenaline autoinjector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.

For details of where the School maintains general use adrenaline autoinjectors, refer **below** and to the First Aid Equipment at each Campus document.

| | |
|---|---|
| **The Ridgeway Campus** | • TRC Health Centre<br>• Food Tech room<br>• The Ridge Café<br>• Middle Years – Lower level outside staff room<br>• Middle years – Lower level staff kitchen<br>• Library office<br>• School House – In kitchen area<br>• Chapel<br>• Sports centre Level 6, 5, 4, 1. |

| | |
|---|---|
| **Buckley House** | • Buckley House Health Centre<br>• Innovation Centre – Near exit to North Ground<br>• ELC Staff Room |
| **Plenty Campus** | • Plenty Health Centre<br>• Creative Arts Centre – Corridor cupboard<br>• Creative Arts Centre – Design Technology<br>• Library – Staff Work Room (near the door)<br>• The Round – Staff Room<br>• Sligo Building – LOTE Office (near the door)<br>• LOTE French Room<br>• Year 5 Classroom – Box outside<br>• Gymnasium – Foyer |
| **University Campus** | • University Campus First Aid Room<br>• First Aid Room – Athelstane First Aid Bag<br>• First Aid Room– Lincoln First Aid Bag<br>• First Aid Room– Sherwood First Aid Bag<br>• First Aid Room– Thoresby First Aid Bag<br>• First Aid Room– Bus Folder for Tuesdays<br>• Canteen |
| **Chelsworth Park, Ivanhoe** | • Sports Pavilion – Outside Wall |

### 3.8 School Communication Plan

This policy is communicated to staff twice annually, and more frequently as required.

The Principal is responsible for ensuring that the School has a communication plan in place to provide all School staff (including volunteers and casual relief staff), students and parents with details about anaphylaxis, this policy and other relevant associated information (including aspects of the School's emergency response procedures). This will include information about the strategies and steps will be taken by the School to respond to an anaphylactic reaction, and how these steps may differ depending on whether the reaction occurs on-site or off-site (such as on camps, excursions and special event days conducted or organised by the School).

In addition, the Principal will ensure that volunteers and casual relief staff of students with a medical condition that relates to an allergy and the potential for anaphylactic reaction are aware of their role in responding to an anaphylactic reaction of a student in their care, should the situation arise.

The Principal ensures that relevant school staff are briefed and trained in accordance with this policy.

### 3.9 Training Staff on Anaphylaxis Management

The following School staff will be trained and briefed on anaphylaxis management:

(a) Those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend

(b) Any further School staff (including volunteers and regular casual relief teachers) that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School (including, for example, during excursions, yard duty, camps and special event days).

The School staff identified above must, and all other staff are strongly encouraged to:

(a) Successfully complete an accredited face-to-face anaphylaxis management training course in the previous three years (including 22578VIC and 10710NAT training) or an accredited online anaphylaxis training course in the previous two years, which includes a practical assessment regarding the competent and appropriate use of an adrenaline auto-injector

(b) Where applicable, attend all anaphylaxis management and training prior to any excursion, camp, off-site or out of school hour's events

(c) Participate in a twice yearly staff briefing on anaphylaxis management and training, with the first briefing to be held at the beginning of the School year.

Twice annual staff briefings

The briefings will be delivered by member(s) of the School staff who are appointed as verifiers by the Principal (typically the School's Nurses), who have successfully completed an accredited anaphylaxis management training course in the previous two years which covers the required matters raised in Ministerial Order 706.

The briefings will address the following:

(a) The School's anaphylaxis management policies and procedures (including this policy)

(b) The causes, symptoms and treatment of anaphylaxis

(c) The identities of students (and where applicable, staff and others) with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located

(d) How to use an adrenaline autoinjector, including hands-on practise with a trainer adrenaline autoinjector device

(e) Information about the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the School for general use

(f) The School's general first aid and emergency response procedures

(g) Details of student IAMP's (including ASCIA Action Plans) and where they can be located within the School and during out of School activities or out of hours activities such as school excursions, camps and special events conducted, organised or attended by the School

(h) Any other current or specified anaphylaxis issues

(i) How communication with staff, students and parents will occur in accordance with a communications plan.

If for any reason, training or briefings have not occurred in the intended timeframe:

(a) The Principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to an allergy and the potential for anaphylactic reason and training must occur as soon as possible thereafter

(b) Relevant staff must have a meeting with the Head of Campus and Daily Organiser to ensure their workload does not involve them being the only direct supervisor of a student who is at risk of anaphylaxis.

### 3.10 Annual Risk Management Checklist

The School completes an annual Anaphylaxis Risk Management Checklist provided by the Department of Education and Early Childhood Development (DEECD).

A copy of the DEECD Anaphylaxis Risk Management Checklist can be found by visiting www.education.vic.gov.au

## 4. Related Documents

### 4.1 External Documents

Relevant Legislation or Authority:

*Children Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*
*Ministerial Order 706*: *Anaphylaxis Management in Victorian schools*
*Occupational Health and Safety Act 2004* (Vic)
Department of Education (Victoria):

- Anaphylaxis Guidelines (as amended or replaced from time to time.)
- Anaphylaxis Management in Schools

Other Documents:

Individual Anaphylaxis Management Plans
Victorian Department of Education and Early Childhood Development (DEECD) Annual Anaphylaxis Risk Management Checklist

### 4.2 Internal Documents

Policies and Procedures:

Anaphylaxis Communication Plan
Distributing Medication Policy and Procedure
First Aid Policy and Procedure

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## 5. Definitions

**Act** means the Education and Training Reform Act 2006 (Vic)

**Adrenaline autoinjector** means a device approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen® or EpiPen Jr®.

Allergen is a substance that can cause an allergic reaction. The most common allergens in school aged children are peanuts, tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts), eggs, cow's milk, wheat, soy, fish / shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns). Other common allergens include some insect bites, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

Allery is an immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**ASCIA** means Australasian Society of Clinical Immunology and Allergy.

**ASCIA Action Plan for Anaphylaxis** is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed adrenaline autoinjector and must be completed by the student's medical practitioner.

**Communication Plan** is a plan developed by the School which provides information to all school staff, students and parents about anaphylaxis and the School's anaphylaxis management policy.

**IAMP** means Individual Anaphylaxis Management Plan.

**Individual Anaphylaxis Management Plan** is a plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The IAMP includes the ASCIA Action Plan which described the student's allergies, symptoms and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction.

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| Last Review Date: April 2026 | Approved By: Principal's Executive Team |
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| Policy Owner: Business Manager | |