



ANAPHYLAXIS MANAGEMENT POLICY

1 INTRODUCTION

Minaret College (“**the College**”) is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Colleges, and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time.

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).

The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

Partnerships between the College and parents/guardians are important in helping students avoid exposure as well as age-appropriate education for students.

Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

2 PURPOSE

The purpose of this policy is to outline the College's policy on anaphylaxis, and to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the College's anaphylaxis management policy in the College community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff members are appropriately trained to respond to an anaphylactic reaction by initiating appropriate treatment, including administering an adrenaline autoinjector; and
- comply with Ministerial Order 706

3 SCOPE

This Policy applies to all employees, board members and contractors of the College.

This policy follows the authority provided in the Victorian Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools published by the Victorian Department of Education, and Ministerial Order No 706: Anaphylaxis Management in Victorian schools, and was written in collaboration with **Allergy & Anaphylaxis Australia**.

The Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

‘Ministerial Order No. 706: Anaphylaxis Management in Victorian Colleges’ prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6)(c) of the Act.

4 GUIDING PRINCIPLES

The College is committed to:

- a) providing, as far as practical, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s program and experiences
- b) raising awareness about allergies and anaphylaxis amongst the College community and children in attendance
- c) actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- d) ensuring that teachers and support staff who are responsible for the care of students at risk of anaphylaxis and other relevant adults have access to ongoing training and information regarding allergies, anaphylaxis and emergency procedures
- e) facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

5 MONITORING AND REVIEW

A review of this policy shall be conducted annually and the board will be responsible for ensuring that this policy is reviewed ,updated and complies with Ministerial Order No 706.

6 OUR DUTY OF CARE

The College has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the College and engaged in college-related activities.

When a student is diagnosed as being at risk of anaphylaxis, the exercise of the College’s duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

Students at risk of allergic reactions, including anaphylaxis, could also be singled out or subjected to bullying behaviour within the wider College community.

As part of our Bullying Prevention and Intervention policy, the College maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole College community to recognise and respond appropriately to bullying and behave as responsible bystanders.

7 SAFE WORK PRACTICES

The College has developed the following work practices and procedures for managing the risk of anaphylaxis:

- Individual Anaphylaxis Management Plans
- Adrenaline Autoinjectors – Purchase, Storage and Use
- Communication Plan
- Emergency Response Procedures
- Staff Training
- Risk Management Checklist
- Flowchart which outlines our practices for enrolled students or students presenting for enrolment.

8 RISK MANAGEMENT CHECKLIST

The Executive Principal or his delegate (designated person) completes an Annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

We regularly check the Department of Education and Training's Anaphylaxis Management in schools page to ensure the latest version of the Risk Management Checklist is used.

9 ROLES AND RESPONSIBILITIES

9.1 EXECUTIVE PRINCIPAL

The Executive Principal is responsible for ensuring that:

- a) the Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and, where possible, before their first day of school.
- b) an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis

The Individual Anaphylaxis Management Plan includes

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner)

- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College 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 College
 - the name of the person/s responsible for implementing the strategies
 - information regarding where the student's medication will be stored
 - the student's emergency contact details
 - an action plan for Anaphylaxis in a format approved by the ASCIA (ASCIA Action Plan), provided by the parent/guardian.
- c) the College develops, implements and annually reviews this policy in accordance with the Order and the Guidelines
- d) the College actively seeks information to identify students with allergies to food and insects for example, that have not been prescribed an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier)
- e) parents/guardians provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- f) an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylaxis, where the College has been notified of that diagnosis
- g) an Interim Individual Anaphylaxis Management Plan is developed for a student where:
- the College has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it in class), or
 - a student's adrenaline autoinjector has been used or lost and not yet replaced, or
 - a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured, or
 - relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.

- h) students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- i) the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. See free online training for food service staff www.foodallergytraining.org.au
- j) parents/guardians provide the College with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested
- k) appropriate **Communication Plan** is developed to provide information to all College staff, students and parents/guardians about anaphylaxis and the colleges anaphylaxis management policy.
- l) this policy will be available on the College's website so that parents and other members of the school community can easily access information about anaphylaxis management procedures.
- m) procedures in place for providing information to college service providers, visitors (incursions, dental visits , visits by nurses for vaccination, etc) and casual relief staff about students who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care
- n) relevant College staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current
- o) College staff who are appointed as College Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current
- p) all College staff are briefed at least twice a year by a College Anaphylaxis Supervisor (or other appropriately trained member of the College staff), with the first briefing to occur at the start of each year
- q) allocating time, such as during staff meetings, to discuss, practise and review this policy
- r) encouraging regular and ongoing communication between parents/guardians and College staff about the current status of the student's allergies, the College's policies and their implementation
- s) the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylaxis at the College, and whenever a student is to participate in an off-site

activity such as camps or excursions or at special events conducted, organised or attended by the College

- t) Risk Management Checklist for anaphylaxis is completed and reviewed annually
- u) arranging to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the College's first aid kit, stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange) for general use

9.2 COLLEGE ANAPHYLAXIS SUPERVISOR

The College appoints appropriate College staff for the role of College Anaphylaxis Supervisor (two are recommended). These staff may include:

- a) a first aid trained staff
- b) a health and wellbeing coordinator or other health and wellbeing staff, and/or
- c) a senior/leading teacher.

A person should complete the ASCIA Anaphylaxis Supervisors (etrainingvic.allergy.org.au) course before being nominated the College Anaphylaxis Supervisor.

The College Anaphylaxis Supervisor must complete the College Anaphylaxis Supervisor Observation Checklist, in conjunction with the Executive Principal and other College staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the College.

Responsibilities of the College Anaphylaxis Supervisor/s include:

- a) working with the relevant staff to develop, implement and regularly review this policy
- b) obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector
- c) verifying the correct use of adrenaline autoinjector (trainer) devices by other College staff undertaking online anaphylaxis training through completion of the College Supervisors' Observation Checklist
- d) providing access to the adrenaline autoinjector (trainer) device for practice by College staff
- e) sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the Executive Principal or his delegate to maintain records of training undertaken by staff at the College leading the twice-yearly anaphylaxis College briefing
- f) developing College-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis

treatment, for example a bee sting occurs on college grounds and the student with bee allergy is conscious, or an allergic reaction where the student has collapsed on college grounds and the student is not conscious

- g) organising anaphylaxis drills (not unlike a fire drill) in the College to practise getting an adrenaline autoinjector to a student requiring it quickly in an emergency keeping an up-to-date register of students at risk of anaphylaxis
- h) keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- i) working with parents/guardians (and students) to develop, implement and review each Individual Anaphylaxis and Allergic Reactions Management Plan in accordance with this policy
- j) providing advice and guidance to college staff about anaphylaxis management in the College and undertaking regular risk identification and implement appropriate minimisation strategies
- k) working with college staff to develop strategies to raise their own, students' and College community awareness about severe allergies
- l) providing or arranging post-incident support (e.g. counselling) to students and College staff, if appropriate.

9.3 STAFF

The responsibilities of college staff include:

- a) knowing and understanding the requirements of this policy
- b) knowing the identity of students who are at risk of anaphylaxis and knowing their face if possible
- c) understanding the causes, signs and symptoms, and treatment of anaphylaxis
- d) obtaining regular training on how to recognise and respond to an allergic reaction (including anaphylaxis), including administration of an adrenaline autoinjector
- e) knowing where to find a copy of each student's ASCIA Action Plan quickly and following it in the event of an allergic reaction
- f) knowing the College's general first aid and emergency response procedures and understanding their role in relation to responding to anaphylaxis
- g) knowing where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept

- h) knowing and following the individual risk minimisation strategies in the student's Individual Anaphylaxis or Allergic Reactions Management Plan
- i) planning ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school
- j) working with parents/guardians to provide appropriate food for their child if the food the College/class is providing may present an allergy risk for them
- k) avoiding the use of food treats in class or as rewards, as these may contain allergens. If food treats are used, however, work with parents/guardians to provide appropriate treats for students at risk of anaphylaxis
- l) being 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
- m) being aware of the risk of cross-contamination when preparing, handling and displaying food
- n) making sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
- o) raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a college environment that is safe and supportive for their peers.
- p) will implementing and monitoring the student's Individual Anaphylaxis Management Plan.
- q) The plan will be reviewed, in consultation with the student's parents, in the following circumstances:
 - a) annually
 - b) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes
 - c) as soon as practicable after the student has an anaphylactic reaction at school

All staff must follow the anaphylaxis management guidelines set out in this policy.

9.4 PARENTS/GUARDIANS

The responsibilities of parents/guardians of students at risk of anaphylaxis include:

- a) informing the College in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been prescribed an adrenaline autoinjector or not

- b) providing the College with an ASCIA Action Plan from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures
- c) immediately informing College staff in writing of any changes to the student's medical condition and if necessary, providing an updated ASCIA Action Plan
- d) providing the College with an up-to-date photo for the student's ASCIA Action Plan when the plan is reviewed
- e) meeting with and assisting the College to develop the student's Individual Anaphylaxis or Allergic Reactions Management Plan, including risk minimisation strategies
- f) providing the College with an adrenaline autoinjector and any other medications that are current and not expired
- g) replacing the student's adrenaline autoinjector and any other medication as needed before their expiry date or when used
- h) assisting College staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g., class parties, cultural days, fetes or sport days)
- i) if requested by college staff, assist in identifying and/or providing alternative food options for the student when needed
- j) informing College staff in writing of any changes to the student's emergency contact details
- k) participating in reviews of the student's Individual Anaphylaxis or Allergic Reactions Management Plan.

10 PREVENTION STRATEGIES

The College will use prevention strategies to minimise the risk of an anaphylactic reaction, including:

- a) a complete and up to date list of students identified as having a medical condition that related to allergy and the potential for an anaphylactic reaction which is communicated to all relevant staff via the briefings and displayed on all office noticeboards and staff rooms of main buildings
- b) detailed Individual Anaphylaxis Management Plans (IAMPs) and ASCIA Action Plans for affected students located at admin office, in the classroom and at Head of Schools office
- c) the purchase, storage and accessibility of adrenaline auto-injectors for general use is managed by admin, with generic junior and adult auto-injectors located in the admin office and at other specific locations in all the buildings of the College
- d) A College Communication Plan including direct communication between the college and parents regarding annual reviews of Individual Anaphylaxis Management Plans (IAMPs)

- e) Training of staff in Anaphylaxis Management
- f) Completion of an Annual Risk Management Checklist
- g) Having all relevant risk minimisation and prevention strategies for in-school and out-of-school settings which include (but are not limited to) the following:
 - during classrooms activities
 - between classes and other breaks
 - in canteens
 - during recess and lunchtimes
 - before and after school and
 - special events including incursions, sports, cultural days, fetes or class parties, excursions and camps

It is the responsibility of the Head of Campus, Head of School and out of school activities coordinator (e.g. for excursion, camps or at special events conducted, organised or attended by the College) to ensure:

Individual Anaphylaxis Management Plans and ASCIA Action Plans are easily accessible and staff are aware of their location

Identify the location of the Adrenaline Autoinjector, that is who will carry it, how will it be delivered to the student

Ensure general use Adrenaline Autoinjector are included in camp first aid kits

10.1 CLASSROOMS

1.	Liaison with parents about food-related activities ahead of time
2.	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box
3.	Never give food from outside sources to a student who is at risk of anaphylaxis.
4.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible
5.	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. Awareness of possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
6.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks, etc are washed and cleaned thoroughly after preparation of food and cooking
7.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8.	Head of School should inform casual relief teachers, specialist teachers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, ie seeking a trained staff member.

10.2 CANTEEN

1.	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices.
2.	Canteen staff are briefed about students at risk of anaphylaxis and, where the Executive Principal determine, have up to date training in an Anaphylaxis Management Training Course.
3.	Display the student's name and photo in the canteen as a reminder to Staff
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteen should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Tables and surfaces are wiped down with warm soapy water regularly
7.	'No-sharing' of food approach is adopted
8.	Awareness of contamination of other foods when preparing, handling or displaying food.

10.3 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 the Adrenaline Autoinjector.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the school grounds, and staff should be aware of their exact location.
3.	A Communication Plan in place for staff on staff duty so student's medical information and medication can be retrieved quickly if a reaction occurs in the school ground. All staff on duty must be aware of the School's Anaphylactic Action Plan procedures and how to notify the general office/first aid team of an anaphylactic reaction in the school ground.
4.	Staff on duty can identify, by face, those students 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 covered.
7.	Students are to keep drinks and food covered while outdoors.

10.4 SPECIAL EVENTS

1.	Sufficient staff who have been trained in the administration of an Adrenaline Autoinjector 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 parents 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 of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event
5.	Party balloons should not be used if any student is allergic to latex.

10.5 TRAVEL TO AND FROM SCHOOL BY BUS

1.	consult parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from school on the bus.
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10.6 EXCURSIONS/TOURS/SPORTS EVENTS

1.	Risk assessment for each individual student attending.
2.	Staff trained on administering the Adrenaline Autoinjector to attend.
3.	Appropriate method of communications must be discussed
4.	Identify the location of Adrenaline Autoinjector i.e. who will carry it and how will it be delivered to the student
5.	Individual Anaphylaxis Management Plan and Adrenaline Autoinjector for each student at risk of anaphylaxis are to be easily accessible and staff must be aware of their exact location.
6.	Risk assessment of the excursion/tour/sports event must be completed prior to departure.
7.	Staff in charge 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).
8.	Review Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion/tour/sports event.

10.7 CAMPS OR REMOTE SETTINGS

1.	The College attempts to only use providers/operator services who can provide food that is safe for anaphylactic students.
2.	Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis.
3.	Staff in charge /camp coordinator should consult with parents of students at risk to ensure that appropriate risk minimisation and prevention strategies and processes are in place
4.	The School will consider alternative means for providing food for at risk students if there are concerns about whether the food provided on a camp will be safe.
5.	The use of substances containing allergens should be avoided where possible.
6.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, alternative methods of communication in an emergency must be considered, e.g. a satellite phone
7.	The Adrenaline Autoinjector should remain close to the students and staff must be aware of its location at all times.
8.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and are encouraged to stay away from water or flowering plants
9.	General use Adrenaline Autoinjector are to be included in camp first aid kits.
11.	Cooking and art and craft games should not involve the use of known allergens.

10.8 OVERSEAS TRAVEL

1.	strategies used are similar for camps/remote settings
2.	Investigate potential risks at all stages of the overseas travel such as: travel to and from the airport/port; travel to and from Australia ; various accommodation venues; all towns and venues to be visited; sourcing safe foods at all of these locations; and risks of cross contamination, including - exposure to the foods of the other students; hidden allergens in foods; whether the table and surfaces are cleaned to prevent a reaction; and whether 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 the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan; 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; and sourcing the ability to purchase additional autoinjectors.
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 result 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 an emergency where students may need to be separated
6.	Adapt the colleges Emergency response procedure if require given local circumstances
7.	Keep record of relevant information; 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; mobile phone or other communication devices that will enable the staff to contact emergency services

11 SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The policy is to be read in conjunction with the College’s general first aid and emergency response procedures, including the Emergency Management Plans for each campus.

In the event of an anaphylactic reaction, the Emergency Response Procedures in its policy must be followed, together with the College’s general first aid and emergency response procedures, the student’s ASCIA Action Plan and the Individual Anaphylaxis Risk Management Plans.

Emergency Response Procedures relating to anaphylactic reactions are well-documented and include:

- a) where to obtain a complete and up-to-date list of students identified as having a medical condition that relates to allergy and has the potential for anaphylactic reaction
- b) details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these are located
- c) an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use.

The Executive Principal must ensure that there are a sufficient number of college staff present who have been trained in accordance with the Anaphylaxis Guidelines as published by the Department of Education and Early Childhood Development. This is to include situations where a student with a medical condition that relates to allergy and has the potential for anaphylactic reaction is under the care or supervision of the College outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College.

The College will ensure the list of students at risk of anaphylaxis is kept up to date. The College Anaphylaxis Supervisor is responsible for maintaining the register of students and checking it on at least a monthly basis. All college staff are responsible for updating the register as soon as they become aware of a student at risk of anaphylaxis.

If a student experiences an anaphylactic reaction at school or during a school activity, staff must:

Step	Action
1.	<ul style="list-style-type: none"> ○ Lay the person flat ○ Do not allow them to stand or walk ○ If breathing is difficult, allow them to sit ○ Be calm and reassuring ○ Do not leave them alone ○ Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at admin office. ○ If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	<p>Administer an Autoinjector</p> <ul style="list-style-type: none"> ○ Remove from plastic container ○ Form a fist around the Autoinjector and pull off the blue safety release (cap) ○ Place orange end against the student's outer mid-thigh (with or without clothing) ○ Push down hard until a click is heard or felt and hold in place for 3 seconds ○ Remove Autoinjector ○ Note the time the Autoinjector is administered ○ Retain the used Autoinjector to be handed to ambulance paramedics along with the time of administration

3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available
5.	Contact the student's emergency contacts.

12 ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Executive Principal will ensure the school purchases adrenaline autoinjectors for general use and as a back-up to those supplied by parents.

The Executive Principal will determine the number and type of additional adrenaline autoinjectors required. In doing so, the Executive Principal will take into account the following relevant considerations:

- a) the number of students enrolled at the College who have been diagnosed as being at risk of anaphylaxis
- b) the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- c) the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the College, including (but not limited to) in the College yard, and at excursions, camps and special events conducted, organised or attended by the College
- d) the adrenaline autoinjectors for general use have a limited life, usually expiring within 12–18 months and will need to be replaced at the College's expense, either at the time of use or expiry, whichever is first
- e) the location of adrenaline autoinjectors for general use will be documented on location maps which will be displayed in key locations and made known to staff.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom, together with the student's adrenaline autoinjector. Adrenaline autoinjectors are clearly labelled with the student's name. Students deemed mature enough by parents and staff will keep their adrenaline autoinjector on their person

13 STAFF TRAINING

It is the responsibility of the Executive Principal of the College to ensure that relevant college staff are:

- a) aware of training obligations and provided with training opportunities
- b) briefed at least twice per calendar year.

The following college staff will be expected to have current, accredited Anaphylaxis Training and will be provided with ongoing training opportunities:

College staff who are responsible for the care of students/who conduct classes that student attends with a medical condition that relates to allergy and the potential for an anaphylactic reaction.

Any further College staff that the Executive Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the College.

The identified College staff will:

- a) be expected to have undertaken a face-to-face Anaphylaxis Management Training Course in the three years prior or;
- b) an online anaphylaxis management training course in the two years prior; and
- c) be obliged to attend a briefing twice per calendar year (with the first briefing to be held at the beginning of the school year) by a member of staff who has successfully completed Anaphylaxis Management Training Course in the two years prior on the:
 - College's Anaphylaxis Management Policy
 - causes, symptoms and treatment of anaphylaxis
 - College's general first aid and emergency response procedures
 - location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the College for general use.

The briefing will include hands-on practise with a trainer adrenaline autoinjector

In the event that the relevant training and briefing has not occurred, the Executive 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 reaction, and training must occur as soon as possible thereafter.

The Executive Principal will ensure that while the student is under the care of supervision of the College, including excursion, yard duty, camps and special event days, there is a sufficient number of college staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

14 SIGNAGE

Copies of the ASCIA Action Plans are posted in the staff room and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.

With permission from parents/guardians (and older students), it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around the College.

15 IMPLEMENTATION

This policy is implemented through a combination of:

- a) school premises inspections (to identify wasp and beehives)
- b) staff training and supervision
- c) maintenance of student medical records
- d) effective incident notification procedures
- e) effective communication with the student at risk and their parent/guardian
- f) completion of annual risk management checklist
- g) effective communication procedures with the school community including all students' parents/guardians
- h) initiation of corrective actions where necessary.

16 DISCIPLINE FOR BREACH OF POLICY

Where a staff member breaches this policy, the College may take disciplinary action.

17 RELATED DOCUMENTS

- Individual Anaphylaxis Management Plan Template
- Facilitator Guide for Anaphylaxis Management
- Anaphylaxis Management Briefing Presentation
- Risk Management Checklist
- College Anaphylaxis Supervisor Checklist
- College Supervisors' Observation Checklist
- Risk Minimisation Strategies for schools Template

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