

Anaphylaxis Policy

Context:

Anaphylaxis is a severe, rapidly progressive allergic reaction that can be life threatening which occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Purpose:

To explain to Advance College of Education (ACE) parents, guardians, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that ACE is compliant with Ministerial Order 706 and Victorian Education Department Guidelines for anaphylaxis management as published and amended by the Department of Education and Training from time to time.

Policy:

School Statement: Advance College of Education will fully comply with Ministerial Order 706 (Anaphylaxis Management in Victorian Schools 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 4.3.19 (c) of the ACT) and the associated guidelines published by the Department of Education and Training.

Duty of Care: ACE 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 school-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 (that includes an ASCIA Action plan for Anaphylaxis which has been developed by their medical practitioner and provided to the College by the student's parent/guardian) and risk minimisation strategies. 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. The College recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen free environment. Minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal, all College staff, parents/guardians, students and the broader College community. It is critical that all staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

It is our policy 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 College life.
- Raise awareness of food and insect allergy and the risk of anaphylaxis.
- Raise awareness of the College's anaphylaxis policy throughout 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 have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the College's policy and guidelines and emergency procedures in responding to anaphylaxis.
- Ensure that partnerships between the College and parents/guardians are established to help students to avoid exposure.

Implementation

Responsibilities

- **Principal:** The Principal is responsible for:

- Completing an annual anaphylaxis risk management checklist to monitor their legal obligations and the Guidelines.
- Nominating a School Anaphylaxis Supervisor and ensuring that they are appropriately trained.
- Being aware of the requirements of Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.
- Ensuring that all College staff complete the *ASCIA Anaphylaxis e-training for Victorian Schools* **every 2 years**, which includes formal verification of being able to use adrenaline autoinjector devices correctly.
- Ensuring that an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.
- Ensuring that **twice-yearly Anaphylaxis Briefings** are held and led by the **School Anaphylaxis Supervisor**.
- Ensuring that the **School Anaphylaxis Supervisor** (in consultation with the student's parents/guardians) develops an **Individual Anaphylaxis Management Plan** for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls and where possible before their first day at school.
- Purchasing adrenaline autoinjectors for general use and as a back up to those supplied by parents. When determining the number of additional adrenaline autoinjectors required to be purchased by the College, the Principal will consider the following:
 - the number of students who have been diagnosed as being at risk of anaphylaxis
 - the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being of risk of anaphylaxis
 - the availability and sufficient supply of adrenaline autoinjectors for general use at excursions, camps and special events conducted, organised or attended by the College

- **School Anaphylaxis Supervisor:** The School Anaphylaxis Supervisor is responsible for:

- Completing and remaining current in approved anaphylaxis training as outlined in Ministerial Order 706.
- Ensuring that they have currency in the *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC* (**every 3 years**) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (**every 2 years**).
- Providing the Principal with documentary evidence of currency in the above courses.
- Assessing and confirming the correct use of adrenaline autoinjector (trainer) devices (both EpiPen® and Anapen®) by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*, within 30 days.
- Sending periodic reminders to staff or information to new staff about anaphylaxis training requirements.
- Providing access to the adrenaline autoinjector (trainer) devices (both EpiPen® and Anapen®) for practice use by school staff.
- Providing regular advice and guidance to College staff about allergy and anaphylaxis management in the school as required.
- Liaising with parents or guardians (and, where appropriate, the student) to develop, manage and implement Individual Anaphylaxis Management Plans.
- Liaising with parents or guardians (and, where appropriate, the student) regarding relevant medications within the College.

- Informing staff about all diagnosed anaphylactic student's ASCIA Action Plan for Anaphylaxis and their Individual Anaphylaxis Management Plans. These must also be uploaded to Compass SMS.
- Leading the twice-yearly Anaphylaxis School Briefing.
- 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 is conscious
 - an allergic reaction where the child has collapsed on College grounds and the student is not conscious.

Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.

- Working with the Assistant Principal to develop College procedures for emergency responses to anaphylactic reactions and communicating these to staff. Emergency response procedures must be developed for when an allergic reaction occurs: in the classroom, in the College yard, in all school buildings and sites, at College camps and excursions, on special event days conducted, organised or attended by the College
- Regularly checking the expiry dates of adrenaline autoinjectors to ensure that they are ready for use
- Developing an **Individual Anaphylaxis Plan** (in consultation with the student's parents/guardian) for all students who have been diagnosed by a medical as being at risk of suffering from an anaphylactic reaction.
- For camps, excursions and special events, maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.
- Prior to an excursion taking place, consult with the student's Parents/Guardians to confirm that the student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion.
- Maintaining a record of staff training courses and briefings.

- **College Staff:** ACE staff are responsible for:

- Completing the *ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)* and providing documentary evidence of this to the **School Anaphylaxis Supervisor**.
- Being verified by the **School Anaphylaxis Supervisor within 30 days** of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.
- Actively participating in the twice-yearly Anaphylaxis School Briefing.
- Familiarising themselves with student's who have been diagnosed as at risk of anaphylaxis Individual Anaphylaxis Management Plans (that includes an ASCIA Action plan for Anaphylaxis) to develop an awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.
- Having knowledge about allergies, recognising an allergic reaction including anaphylaxis and understanding the College's policy and guidelines and emergency procedures in responding to anaphylaxis.
- Providing education to all students about the risk and symptoms of anaphylaxis.

- **Parents/Guardians:** Parents/Guardians of a student with diagnosed anaphylaxis are responsible for:

- Providing the College with an ASCIA Action Plan for Anaphylaxis which has been developed by a medical practitioner at enrolment (or as soon as diagnosed).
- Providing the College with an in-date EpiPen®/Anapen® (and antihistamine if prescribed) which will be kept in the Student's Rescue kit along with their ASCIA Action Plan. Parents/Guardians may choose additionally for their student to carry medications. It is

recommended that the student has a second EpiPen®/Anapen® from home that is carried in the student's bag to and from school, but can also accompany them on any excursion/camp.

- Communicating in writing changes to diagnosis/ASCIA Action Plan for Anaphylaxis/circumstances to the School Anaphylaxis Supervisor as soon as practicable.
- Liaise with the **School Anaphylaxis Supervisor** to develop an Individual Anaphylaxis Management Plan for their child
- Participate in annual reviews of their child's Individual Anaphylaxis Management Plan

Scope:

This policy applies to:

- All College staff and volunteers
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic, and their parent/guardians.

Definitions:

Anaphylaxis: is a severe and sudden allergic reaction when a person is exposed to an allergen.

Common Allergens: include: Eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, insect stings and bites, medications.

Signs/symptoms of Mild to Moderate Allergic Reaction: include swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs/symptoms of Anaphylaxis: include any 1 of the following: difficult/noisy breathing, swelling of tongue, swelling tightness in throat, difficulty talking and/or a hoarse voice, wheeze or persistent cough, persistent dizziness or collapse, pale and floppy (young children), abdominal pain and/or vomiting (signs of severe allergic reaction to insects).

EpiPen® and Anapen®: are auto injectable devices that deliver the drug epinephrine. They are used when someone is experiencing a severe allergic reaction.

Treatment: Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for **anaphylaxis**. Individuals diagnosed as being at risk of anaphylaxis are prescribed an autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Implementation:

Individual Anaphylaxis Management Plans (IAMP):

Individual Anaphylaxis Management Plans are developed by the **School Anaphylaxis Supervisor** (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 must be in place as soon as practicable after the student enrolls (or is diagnosed) and where possible before their first day at school. The Plan must set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction including the type of allergy/ies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of College staff for in-school and out of school settings including the College 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 risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up to date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

College staff then implement and monitor the student's **Individual Anaphylaxis Management Plan** as required.

The Plan must be **reviewed** in consultation with the student's parents/guardians in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- 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 College (e.g. class parties, elective subjects and work experience, cultural days, events at other schools or incursions).
- if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Locations of IAMPs and ASCIA Action Plans (at ACE during on site activities) include:

- **Rosebud Campus – ACE Staff Office**
- **Hastings Campus – ACE Staff Office**
- **Online in Compass SMS** (pinned to the student's record)
- **During off site activities** (including on excursions, camps and at special events organised or attended by the College) IAMP and ASCIA Action Plans will be located with the designated first aid staff member attending the activity within the excursion/camp first aid backpack and on the Bus

Locations of Adrenaline Autoinjectors

- Students are encouraged to keep their adrenaline autoinjectors on their person.
- Adrenaline autoinjectors for students who do not keep them on their person must be clearly labelled with the student's name and stored with their plans in the locations listed above.
- Adrenaline autoinjectors for general use (labelled general use) are available in the First Aid cabinets in the locations above and in all excursion backpacks as a back-up to those provided by parents for specific students, and also for students who may suffer from a first-time reaction at school.

Risk Minimisation Strategies:

All ACE staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of prevention strategies to minimise the risk of incidents of anaphylaxis is an important step in satisfying this duty of care. At ACE the risk minimisation strategies include:

- All staff to be trained in the administration of the EpiPen® and Anapen®
- All staff to be familiar with the policy and related procedures
- All staff to be familiar with the names of any ACE students that are at risk of anaphylaxis, the location of each student's IAMP and Adrenaline Autoinjector and each person's responsibility in managing an anaphylaxis incident.

Precautions that ACE staff will take in specific settings are listed below:

- Peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. It is recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not. Blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:
 - It can create complacency amongst staff and students
 - It cannot eliminate the presence of all allergens.
- Staff and students are regularly reminded to wash their hands after eating
- Students are discouraged from sharing food
- Gloves must be worn when picking up rubbish
- Class groups are informed of allergens that must be avoided in advance
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff,

emergency response procedures and other risk controls appropriate to the activity and students attending

During all activities (onsite and offsite), including usual classroom activities:

- In the event of an anaphylaxis emergency, ACE's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the Principal.
- All staff will be trained in the administration of an Adrenaline Auto-injector and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the Principal.
- A copy of the student's IAMP is kept in the classroom.
- The ASCIA Action Plan must be easily accessible even if the Adrenaline Auto-injector is kept in another location.
- Liaise with parents/guardians of students who have ***been diagnosed by a medical practitioner*** as being at risk of anaphylaxis about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that Parents/Guardian/Carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- 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.
- 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.
- Be aware of the possibility of hidden allergens when using recycled materials (egg cartons, peanut butter jars).
- Ensure all cooking and preparation utensils etc. are washed and cleaned thoroughly after use.
- Remind students about the importance of washing hands, eating their own food and not sharing food.

Outside of class time (including between classes and before and after school):

- Each student's Adrenaline Auto-injector and Individual Anaphylaxis Management Plan will be easily accessible from outside, and all ACE Staff will be aware of their exact location for an immediate response.
- A Communication Plan will be in place to enable quick access to the student's medical information and medication if a reaction occurs outside.
- All HHA Staff will be aware of HHA's Emergency Response Procedures.
- HHA Supervising Staff will be able to identify, by face, students who are at risk of anaphylaxis.
- Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants and be encouraged to wear closed shoes, long-sleeved garments and avoid wearing bright colours when outdoors.
- ACE will keep lawns and clover mowed and outdoor bins covered.
- Staff and students will be encouraged to have drinks and food covered while outdoors.

Special Events Including Excursions, Incursions and Sports:

- All staff are trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector and be able to respond to an anaphylactic reaction if required.
- A general use Adrenaline Autoinjector will be available on off-site excursions and trips
- Each student's Adrenaline Autoinjector and IAMP will be easily accessible and staff will be aware of their exact location for an immediate response
- Appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur while travelling on an excursion bus. This includes the availability and administration of an Adrenaline autoinjector and a copy of the student's IAMP.

- For each excursion etc an assessment of risk will be undertaken for each individual student attending who is at risk of anaphylaxis. Some factors considered will be the number of anaphylactic students attending, the nature/structure of the excursion, staff-student ratios, size of the venue and distance from medical assistance.
- Supervising Staff will be able to identify anaphylactic students at risk of anaphylaxis by face.
- Prior to an excursion taking place, the School Anaphylaxis Supervisor will consult with the student's Parents/Guardians to confirm that the student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion.
- Staff will avoid using food in activities or games, including as rewards.

Camps and Remote Settings:

- In the event of an anaphylaxis emergency at a camp or remote setting, the ACE or remote site's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the Principal.
- If ACE has a student at risk of anaphylaxis, sufficient staff supervising a camp will be trained in the administration of an Adrenaline Auto-injector and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the Principal.
- Prior to booking a camp, ACE staff will confirm that the camp owner/operator can provide food that is safe for anaphylactic students. If not, an alternative venue will be sought.
- Staff cooking for students whilst on camp must demonstrate satisfactory training in food allergen management and food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- ACE staff will not sign any written disclaimer or statement from a camp provider that indicates they are unable to provide food which is safe for students at risk of anaphylaxis. The duty of care to protect students from reasonably foreseeable injury cannot be delegated.
- The Principal is responsible for ensuring that a risk assessment is conducted and a risk management strategy is developed for students at risk of anaphylaxis in consultation with Parents/Guardian of students at risk of anaphylaxis and the camp provider prior to the camp. A risk management strategy will identify the processes in place to address an anaphylactic reaction should it occur.
- Use of substances containing allergens will be avoided, particularly in cooking or art and craft games.
- A student's Adrenaline Auto-injector (i.e. EpiPen[®]/), Individual Anaphylaxis Management Plan and ASCIA Action Plan 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.
- Prior to the camp, ACE staff should consult with the student's Parents/Guardians/Carers to review the student's Individual Anaphylaxis Plan.
- ACE staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction, and ensure the camp provider has appropriate emergency response procedures in place.
- ACE staff will contact local emergency services and hospitals prior to the camp. They will advise the full medical conditions of students at risk, the location of the camp and the location of any off-camp activities. They will ensure contact details of emergency services are distributed to all staff as part of the emergency response procedures developed for the camp.
- ACE staff will always take a back-up Adrenaline Auto-injector (i.e. EpiPen[®]/ Anapen[®]) for General Use on a camp.
- The Adrenaline Auto-injector (i.e. EpiPen[®]/Anapen[®]) for General Use will be carried in the first aid kit; however, students at risk may carry their own Adrenaline Auto-injector on camp.

- Students with anaphylactic responses to insects will be encouraged to always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- As no ACE sites have a canteen, the suggested precautions for canteens have not been included.

Emergency Response:

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the College’s general first aid procedures, emergency response procedures and the student’s Individual ASCIA Action Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the College Anaphylaxis Supervisor and stored at:

- Student Support Coordinator (SSC) Office Rosebud
- Staff Office Hastings
- Compass SMS located in individual student’s profile page and pinned to health category

For camps, excursions and special events, the Anaphylaxis Supervisor will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

Actions:

If a student experiences an anaphylactic reaction at school or during a school activity, College staff must:	Action
Step 1.	Lay the person flat <ul style="list-style-type: none"> • Do not allow them to stand or walk • If breathing is difficult or they are Vomiting allow them to sit • Be calm and reassuring • Do not leave them alone
2.	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Staff Offices at Hastings and Rosebud • OR Online – Compass – Student’s Profile Page-pinned to Health category • If the student’s plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
3.	Administer an EpiPen® <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen® and pull off the blue safety release (cap) • Place orange end against the student’s outer mid-thigh (with or without clothing) at a 90° angle • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen® • Note the time the EpiPen® is administered • Retain the used EpiPen® to be handed to ambulance paramedics along with the time of administration Or Administer an Anapen®

	<ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Anapen® and pull off the black needle shield • Pull off the grey safety cap from the red button • Place needle end against the student's outer mid-thigh at 90-degree angle (with or without clothing) • Press red button until a click is heard or felt and hold in place for 3 seconds • Remove Anapen® • Note the time the Anapen® is administered • Retain the used Anapen® to be handed to ambulance paramedics along with the time of administration
4.	Call an ambulance (000)
5.	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.
6.	Contact the student's emergency contacts.

Communication Plan:

See **Appendix One** for the full **Communication Plan**.

This Plan will be available on the ACE website so that parents and other members of the school community can easily access information about anaphylaxis management. procedures. The parents and carers of students who are enrolled at ACE and are identified as being at risk of anaphylaxis will also be provided with a copy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, and volunteers are aware of this Plan and ACE's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this Plan, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff Training:

The Principal will ensure that all ACE staff are appropriately trained in anaphylaxis management in accordance with clause 12.1

All Staff must have completed:

- Australasian Society of Clinical Immunology and Allergy ASCIA e-training every **2 years**
 - An assessment of a person's competency in the administration of an adrenaline autoinjector by the **Anaphylaxis Supervisor** (who has completed *Verifying the Correct Use of Adrenaline Injector Devices* 22579VIC every **3 years** or by completing the 22578VIC or 110710NAT course every 3 years).
- Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by the Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Supervisor course 22579VIC every 3 years. The briefing will address:
- this Policy and Procedure
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located

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

An interim plan will be developed by the Anaphylaxis Supervisor (in consultation with the student's parents) for all new students who are at risk of anaphylaxis, upon enrolment. The Anaphylaxis Supervisor will also ensure that appropriate staff are trained and briefed as soon as possible. A record of staff training courses and briefings will be maintained by the **Anaphylaxis Supervisor**.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Support Materials

Appendix One

Anaphylaxis Communication Plan

This Plan must be read in conjunction with the ACE Anaphylaxis Policy and Procedure

1. Purpose and Responsibility:

- The purpose of this Anaphylaxis Communication Plan is to clearly outline how ACE will communicate its anaphylaxis commitments, procedures and risk management strategies to all staff, students, parents/guardians/carers and the ACE community.
- The responsibility for ensuring that this Plan is written, updated and compliant rests with the ACE Principal.

2. How to Respond to an Anaphylaxis Incident:

In the event of an Anaphylactic reaction during normal school activities including in the classrooms, in and around school buildings and sites

Step 1

- 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

Step 2

- 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:
 - Staff Office at Hastings and Rosebud OR Online – Compass – Student's Profile Page-pinned to Health category
- If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 3 to 6

Step 3

Administer an **EpiPen®**

- Remove from plastic container
- Form a fist around the EpiPen® 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 EpiPen®
- Note the time the EpiPen® is administered
- Retain the used EpiPen® to be handed to ambulance paramedics along with the time of administration

Or

Administer an **Anapen®**

- Remove from plastic container
- Form a fist around the Anapen® and pull off the black needle shield
- Pull off the grey safety cap from the red button
- Place needle end against the student's outer mid-thigh at 90-degree angle (with or without clothing)
- Press red button until a click is heard or felt and hold in place for 3 seconds
- Remove Anapen®
- Note the time the Anapen® is administered
- Retain the used Anapen® to be handed to ambulance paramedics along with the time of administration

Step 4.

Call an ambulance (000)

Step 5

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.

Step 6

- Contact the student's emergency contacts.
- Inform the ACE Anaphylaxis Supervisor

In the event of an Anaphylactic reaction during off site or out of school activities including excursions, school camps, and at special events conducted, organised or attended by the College: Respond as per above using Step 2A as per below:

Step 2A

- Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the College's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at:
 - Carried with Supervising Excursion Staff member or First Aid staff member with Camps/Excursions First Aid kit *OR if access to online* - Compass – Student's Profile Page-pinned to Health category
- If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 3 to 6 (above).

Raising Staff Awareness:

- ACE Staff must be briefed at least twice per year by the Anaphylaxis Supervisor who has successfully completed (every 3 years) Verifying the Correct Use of Adrenaline Injector Devices 22579VIC
- The ACE Principal is responsible for ensuring that all casual relief staff, volunteers and new staff (including administration staff) are briefed about what is contained in the ACE Anaphylaxis Management Policy and Procedure and their role in responding to an anaphylactic reaction by a student in their care before they supervise students at risk of anaphylaxis.

Raising Student Awareness:

- ACE staff must raise student awareness about the potential for anaphylactic reactions through posters and fact sheets displayed in public areas of ACE sites, and through class discussions, focussed on these key messages:
 - Always take food allergies seriously – severe allergies are no joke.
 - Don't share your food with friends who have food allergies.
 - Wash your hands after eating.
 - Know what your friends are allergic to.
 - If a friend becomes sick, get help immediately even if the friend does not want to.
 - Be respectful of a friend's Adrenaline Auto-injector (e.g. EpiPen®).
 - Don't pressure your friends to eat food that they are allergic to.
- ACE staff must be made 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, such as peanuts. ACE staff will talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the ACE Bullying & Harassment Policy.

Working with Parents/Guardians/Carers of Students at Risk of Anaphylaxis:

- ACE is aware of the particular anxieties' parents/guardians/carers of students at risk of anaphylaxis might face in sending the student to ACE.

- To mitigate this, ACE staff will ensure that they have an open and cooperative relationship with these parents/guardians/carers so that they can feel confident that appropriate management strategies are in place.
- This anxiety will be further mitigated by increased education, awareness and support from the ACE community.
- 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 College 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 placed in the Staff Offices (Hastings and Rosebud).

Raising ACE Community Awareness

- ACE community awareness about anaphylaxis will be raised through inclusion of the Anaphylaxis Management Policy and Procedure on the ACE website, and regular inclusion of anaphylaxis issues in the ACE newsletter.
- This awareness can take the form of information sheets such as those published on the Royal Children's Hospital website.

Individual Anaphylaxis Action Plans (ASCIA)

A student's 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; and
- Information on where the student's medication will be stored.

Excursions and Camps

- Prior to leaving the College on an excursion (including camp), the classroom teacher will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen®/Anapen®. The student's EpiPen®/Anapen®, ACSIA Action Plan and a spare EpiPen®/Anapen® (supplied by parents) will be taken to the off-site event.
- In the event of an anaphylactic reaction away from ACE, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the College. The Principal and/or Assistant Principal should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

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 ACEF13 Incident/Injury/Accident Report including full details of the event and what occurred;
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school (if required);
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;

- Communication with the Principal and Assistant Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- Discuss with parents/guardians/carers (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal or Assistant Principal);
- Review the student's Individual Management Plan (Anaphylaxis Supervisor); and
- Implement updated risk prevention strategies (where applicable).

Monitoring and Review:

This policy will be reviewed every three years, or earlier if required due to legislative, regulatory or operational changes.

The principal is responsible for ensuring this policy is implemented and maintained.

Approval:

Policy last reviewed	22 nd April 2026
Consultation	College Board 22 nd April 2026
Approved by	College Board and (Principal)
Next review date	21 st April 2029

Appendix Two

Annual Risk Management Checklist

(to be completed at the start of each year)

Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
Section 1: Training		
6. Have all College staff successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22578VIC or 10710NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do all College staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Has your school trained a staff member (School Anaphylaxis Supervisor) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?		
b. Are the College staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2: Individual Anaphylaxis Management Plans		
10. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. During lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
14. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3: Storage and accessibility of adrenaline autoinjectors	
16. Where are the student(s) adrenaline autoinjectors stored?	
17. Do all College staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage unlocked and accessible to school staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

21. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has the College signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do all College staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the College purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4: Risk Minimisation strategies	
32. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Are there always sufficient College staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5: School management and emergency response	
35. Does the College have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do College staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all College buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the College including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Who will make these arrangements during excursions?	
43. Who will make these arrangements during camps?	
44. Who will make these arrangements during sporting activities?	
45. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have all College staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the Principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The College's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The College's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 6: Communication Plan	
47. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To College staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Is there a process for distributing this information to the relevant College staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
49. How will this information be kept up to date?	
50. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. What are they?	