

ANAPHYLAXIS POLICY

Last Review: August 2024	Constructed/Reviewed by: Mentone Grammar School on advice from Russell Kennedy Lawyers
Next Review: August 2026 (and every two years thereafter, or more frequently as required).	Approval Required: Principal
Policy Number: 18	Sign Off Date: 26 August 2024

1. Statement of Context and Purpose

1.1 Mentone Grammar (the **School**) will comply with *Ministerial Order No. 706: anaphylaxis Management in Victorian schools and school boarding premises*, as well as guidelines related to anaphylaxis management in schools issued by the Department of Education and Training from time to time.

1.2 This policy

- (a) Sets out how the School manages risks to student safety arising from anaphylaxis.
- (b) Aims to:
 - (i) Comply with *Ministerial Order 706* and the associated guidelines on anaphylaxis managed, published and amended by the Department of Education and Training from time to time.
 - (ii) Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the school program and experiences.
 - (iii) Minimise the risk of an anaphylactic reaction occurring while a student is in the care of the School.
 - (iv) Ensure that staff members (and especially those with a duty of care to the School's students) have adequate knowledge about allergies, anaphylaxis and the School's procedures for responding to an anaphylactic reaction.
 - (v) Raise awareness about anaphylaxis and this policy within the School and in the School community.
 - (vi) Engage with parents/carers (collectively referred to as '**parents**') of students at risk of anaphylaxis to assessing risks, developing risk minimisation and prevention strategies and Individual Anaphylaxis Management Plans for specific students.

2. Application

- 2.1 This policy applies to all Board members, the Principal, employees, volunteers, contractors, secondees and other authorised personnel required to perform functions on the School's premises, or at School-organised activities and events (including those occurring off-site). Collectively, these individuals are referred to as **'staff'** in this policy.
- 2.2 This policy also applies to students and their parents.

3. Definitions

- 3.1 **ASCIA** means Australasian Society of Clinical Immunology and Allergy.
- 3.2 **ASCIA Action Plan for Anaphylaxis** (also referred to as an **ASCIA Action Plan**) is an action plan for anaphylaxis developed by ASCIA. These plans list the student's prescribed adrenaline auto-injector and must be prescribed by the student's medical practitioner. This plan is one of the elements of a student's IAMP.
- 3.3 **IAMP** means Individual Anaphylaxis Management Plan, which includes the ASCIA Action Plan.
- 3.4 **Adrenaline Autoinjector** is a device approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen, EpiPen Jr or Anapen.
- 3.5 **MO 706** means *Ministerial Order No. 706: anaphylaxis Management in Victorian schools and school boarding premises*, as amended or replaced from time to time.

4. What is Anaphylaxis?

- 4.1 Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.
- 4.2 The key to prevention is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. This requires communication and partnerships between parents and the School to ensure that certain foods or known and potential allergens are kept away from the student while these students are in the care of the school.

5. Managing Students at Risk of Anaphylaxis

Generally

- 5.1 The School will comply with MO 706 and associated guidelines in its prevention and management of anaphylaxis to minimise the risk of an anaphylactic reaction.
- 5.2 The School adopts the following risk management strategies:

- (a) Implementing IAMP's for affected students.
- (b) Purchasing of adrenaline auto-injectors for general use.
- (c) Communicating about anaphylaxis, with regard to the School's communication plan (as outlined in this policy).
- (d) Training appropriate staff in anaphylaxis management.
- (e) Maintaining a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.
- (f) Ensuring the above list is readily accessible to staff and is displayed in various locations across the School (including in hard copy folders and on information boards).
- (g) Completing an Annual Risk Management Checklist.
- (h) Strongly encouraging secondary school age students at risk of anaphylaxis to be responsible and educated in the identification and management of their allergies.

Prevention strategies by the Principal

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

- (a) Ensuring that an IAMP is developed (see below), in consultation with the student's parents and a medical practitioner, for any student who has been diagnosed as being at risk of anaphylaxis.
- (b) Ensuring that School staff who conduct classes that students at risk of anaphylaxis attend, and any further staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School), are trained and briefed at least twice per calendar year in accordance with the requirements in clause 12 of MO 706. In this regard, the Principal is responsible for ensuring that the school staff identified in clause 12.1 (as outlined above) are briefed twice per year, with the first briefing to be held at the beginning of the school year.
- (c) Ensuring sufficient trained relevant staff members are available to supervise students at risk of allergy and anaphylaxis during and outside of normal class activities (eg at sports activities, excursions and camps).
- (d) Arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents and to ensure all medications and plans are within expiry date and that medicines are stored appropriately.
- (e) Ensuring that a communication plan is developed to provide information to all staff, casual relief teachers, students and parents about anaphylaxis and this policy.

- (f) Ensuring that this policy is available for all parents, including regular communication via School newsletters and/or posters to communicate information and maintain awareness. Parents of the student diagnosed at risk of anaphylaxis will be provided with a copy of this policy. A notice is displayed prominently stating that a student diagnosed at risk of anaphylaxis is being educated at the School.
- (g) Assuming responsibility for completing an Annual Risk Management Checklist.

Principal's responsibility to develop IAMP

- 5.4 The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan (**IAMP**) is developed, in consultation with a student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction (where the School has been notified of the diagnosis).
- 5.5 The IAMP must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance.

What information must the student's IAMP (and ASCIA Action Plan) contain?

- 5.6 The IAMP must contain:
 - (a) information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on diagnosis by a medical practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff (for in-school and out-of-school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the School). In particular, for children with anaphylactic reactions to insects, the IAMP should confirm what clothing is appropriate for various school activities;
 - (i) name(s) of the person(s) responsible for implementing the strategies;
 - (ii) information on where the student's medication will be stored;
 - (iii) the student's emergency contact details; and
 - (iv) an ASCIA Action Plan provided by the student's parent.
 - (c) The ASCIA Action Plan must:
 - (i) be signed and dated by the student's treating medical practitioner (who was treating the student on the date the ASCIA Action Plan was created),
 - (ii) set out the emergency procedures to be taken in the event of an anaphylactic reaction; and

- (iii) include an up-to-date photograph of the student.

The School's obligation to review a student's IAMP

5.7 The School will review each student's IAMP in all of 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 is practicable after a student has an anaphylactic reaction at school; and
- (d) when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.

5.8 The School seeks to conduct reviews in consultation with parents where possible. The School will initially review a student's IAMP, and send the reviewed IAMP to parents for input via email. Parents are expected to promptly provide any feedback to the School, including by suggesting any relevant amendments or adjustments, and otherwise confirm acceptance of the IAMP by signing it and/or notifying the school by email. The School will send a follow up email if it has not heard from the parent, otherwise it will take the reviewed IAMP as sent to the parents – as accepted.

Prevention strategies by the School Nurse

5.9 Includes:

- (a) Liaising with parents of any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis with regard to the student's medical diagnosis and recording details of allergies.
- (b) Ensuring that an IAMP is developed, in consultation with the student's parents and medical practitioner.
- (c) Ensuring the student's details are included in the list of all students who have IAMP's at the School.
- (d) Ensuring the student's IAMP and adrenaline auto-injector are placed in the appropriate locations to alert and remind staff at the School.
- (e) Ensuring the appropriate storage of adrenaline auto-injectors (either students' own, or those purchased for general use) at the School and that none have expired.
- (f) Arranging with the support from the Risk Team for anaphylaxis training of relevant staff members to meet the requirements of MO 706 and keeping up-to-date records of their training, ensuring that no relevant staff member's training has expired.
- (g) Arranging for and conducting staff briefings on anaphylaxis each semester.

- (h) Responding to calls for assistance from staff members during an episode of suspected anaphylaxis and following this policy, and the School's emergency management procedures (including the First Aid Policy, Emergency Management Plan, and relevant procedures in the Medication Distribution Policy).

Prevention strategies by staff

5.10 Includes:

- (a) Attending anaphylaxis briefing sessions given each semester (being twice yearly, with the first briefing to be held at the beginning of the school year) by the School Nurse. If staff are unable to attend, they are required to meet with the Nurse at another time for the same briefing.
- (b) Attending anaphylaxis training sessions when requested to by the Risk Team, including for co-curricular activities, off-site events, camps and excursions.
- (c) Rendering assistance to any staff member, student or member of the School community during an episode of suspected anaphylaxis as per this policy and the School's emergency management procedures.
- (d) Understanding that 'duty of care' is non-delegable.
- (e) Ensuring own knowledge of students who IAMP's at the School and being especially aware of those students when they are in the classroom or School yard.
- (f) Ensure own familiarity with administration of an adrenaline auto-injector in accordance with authorised training (which addresses the use of EpiPens).

Parent responsibilities

5.11 It is the responsibility of the student's parents to:

- (a) communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably when setting up their child's Operoo profile immediately after accepting enrolment;
- (b) provide an ASCIA Action Plan for the student that meets the requirements set out above;
- (c) inform the School in writing by immediately updating their child's Operoo profile if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes, and if relevant provide an updated ASCIA Action Plan;
- (d) provide an up to date photo for the ASCIA Action Plan when that plan given to the School and when it is reviewed;
- (e) provide the School with an adrenaline auto-injector that is current and not expired for their child; and

- (f) participate in all reviews of their child's IAMP.

6. List of Students at Risk of Anaphylaxis

- 6.1 A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is accessible via Operoo, the School's electronic medical records management system.
- 6.2 All staff whose duties include direct supervision of students have access to Operoo.

7. Location of IAMPs and ASCIA Action Plans

On-site

- 7.1 Student IAMPs (including their ASCIA Action Plan) are located together with all student medical files on Operoo. All staff whose duties include direct supervision of students have access to Operoo.
- 7.2 Copies of student ASCIA Action Plans are also kept:
 - (a) At the Health Centre;
 - (b) Online via Operoo.
 - (c) With a Student's spare epi-pen pouch.
- 7.3 A general ASCIA Action Plan is located next to First Aid cabinets on School premises and in the staff common room.

Off-site

- 7.4 The Teacher-in-Charge of any off-site activity (such as camps and excursions) must ensure that student IAMPs (including their ASCIA Action Plan) are available via Operoo (or alternate electronic means) during the course of the activity, are readily accessible to staff, and that the information is stored in a safe but accessible location within Operoo. The Teacher-in-Charge must communicate the location of student IAMPs within Operoo to all staff present at the off-site activity and ensure that all staff know how to access Operoo for this purpose. A copy of the students ASCIA plan is also available in the student's epi-pen orange case.
- 7.5 For School events such as swimming sports, the Teacher-in-Charge/Staff member in charge must ensure that a first aid station is set up and that student IAMPs are able to be accessed via Operoo at this station. A copy of the students ASCIA plan is also available in the student's epi-pen orange case.
- 7.6 For all other off-site events (including camps, remote settings, field trips, overseas travel, excursions and work experience), the Teacher-in-Charge must ensure that student IAMPs are available via Operoo and that any other information relevant to the IAMPs is stored together with the first aid kit in a clearly labelled bag or folder. Adrenaline auto-injectors will be stored with the first aid kit. A copy of the students ASCIA plan is also available in the student's epi-pen orange case.

7.7 This information will be provided to the Teacher-in-Charge along with other information in the risk management briefing.

8. Adrenaline Auto-injectors

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

8.2 All adrenaline auto-injectors and other emergency medications must be checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

9. Location and storage of Adrenaline Auto-injectors

Storage by students

9.1 For students in the ELC and Eblana (or those otherwise under 10 years of age), it is not advised that they carry their medication kit (including their adrenaline auto-injector) on their person unless they travel to school without an adult present, or have been advised to do so by their medical practitioner.

9.2 Students in Riviera and above (or other otherwise above the age of 10 years) are encouraged to carry their own medical kit (including their adrenaline auto-injector, antihistamine and ASCIA action plan) and associated medications (including Salbutamol if prescribed) on their person at all times. If this is the case, parents will be asked to confirm consent to this arrangement in writing via the student's medical records on Operoo and in their IAMP.

9.3 It is recommended that an adrenaline auto-injector be stored in an insulated wallet to ensure that the adrenaline is not affected by changes in temperature or light.

Storage by the School

9.4 Parents must provide to the School an adrenaline auto-injector and the necessary medications as outlined in the student's IAMP to be stored in the Health Centre for Riviera, Bayview, Greenways and Frogmore. ELC stored in their ELC classrooms, Eblana stored in Reception office. In addition to any adrenaline auto-injector that a student must carry with them.

9.5 Adrenaline auto-injector for general use are also stored:

(a) in every designated First Aid cabinet on school.

(b) As per map in Appendix A.

Storage requirements for Adrenaline Auto-injectors (on-site)

9.6 The School will ensure that adrenaline auto-injectors (including those for general use) are stored in compliance with the following requirements:

(a) Adrenaline auto-injector must be stored in an unlocked, cool and dark place at room temperature, but not in a refrigerator or freezer. The storage location must be able to be quickly and easily accessed. If these conditions cannot be

maintained, the School will store the adrenaline auto-injector in an insulated wallet.

- (b) Each adrenaline auto-injector for an individual student will be clearly labelled with the student's name.
- (c) An adrenaline auto-injector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for anaphylaxis (Orange).
- (d) Adrenaline auto-injector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline auto-injector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

Storage requirements for Adrenaline Auto-injectors (off-site)

- 9.7 Adrenaline auto-injectors should be carried in the first aid kit; however, staff can consider allowing students, particularly students in Riviera and above (or otherwise above the age of 10 years), to carry their own adrenaline auto-injector on camp.
- 9.8 Adrenaline auto-injectors should remain close to the student and staff must be aware of their location at all times.

10. Record-keeping requirements for Adrenaline Auto-injectors

- 10.1 An adrenaline auto-injector database is maintained and monitored by the School Nurse and ensures reminders are sent to parents and the School, about the replacement of adrenaline auto-injectors (including those for general use) after use or before the expiry date.
- 10.2 Whenever adrenaline auto-injectors for general use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and name of the person taking or returning the adrenaline auto-injector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.
- 10.3 Each adrenaline auto-injector for general use (purchased by the School) is labelled 'spare' and stored with an orange ASCIA Action Plan for general use.

11. Principal's responsibility to purchase Adrenaline Auto-injectors

- 11.1 The Principal is responsible for the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents.
- 11.2 The Principal must determine the number and type of adrenaline auto-injectors with regard to:
 - (a) the number of enrolled students who have been diagnosed with a medical condition relating to allergy and the potential for anaphylaxis;
 - (b) the accessibility of adrenaline auto-injectors that have been provided by parents;

- (c) the fact that adrenaline auto-injectors have a limited life (typically within 12-18 months) and those stored for general use will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first; and
 - (d) the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations on School premises and in the School yard, and at excursions, camps and special events conducted, organised or attended by the School.
- 11.3 The Principal will authorise the purchase of at least one adrenaline auto-injector for general use as a back up to the one supplied by parents for each student diagnosed with anaphylaxis plus a minimum of one additional adrenaline auto-injector for general use for the campus if, to the School's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or anaphylaxis.

12. Management and Emergency Response Procedures

- 12.1 In the event of an anaphylactic reaction, the emergency response procedures in **Annexure A** must be followed, together with the student's ASCIA Action Plan and the School's general first aid and emergency response procedures.

13. Prevention Strategies

- 13.1 The School will ensure that it implements the prevention strategies in **Annexure B** to minimise the risk of a student suffering an anaphylactic reaction, which are adapted to particular environments and situations.

14. Communication Plan

Principal responsible for Communication Plan

- 14.1 This communication plan sets out how the School provides information to all staff (including volunteers and casual relief staff), students and parents about anaphylaxis and this policy.
- 14.2 The Principal is responsible for developing and ensuring the implementation of this plan.

Communications to staff

- 14.3 This policy is communicated to all staff via the e-learning module, twice annually via briefings, and more frequently as needed (e.g. after a near-miss).
- 14.4 By reading this policy, staff will be aware of what to do in case of an anaphylactic reaction for both on-site, and off-site events organised by the School.
- 14.5 Prior to commencing work at the School each school year, and each time there is a relevant change to the student cohort, all employees must be notified by a designated staff member (usually their manager) of the names of any student at risk of anaphylaxis, the location of each student's IAMP and adrenaline auto-injector, this policy, and the role of staff in responding to an anaphylactic reaction of a student in their care.
- 14.6 Information about how to respond to an anaphylactic reaction during normal School activities (including in the classroom, in the School yard, in all School buildings and sites

including gymnasiums and halls) is communicated to parents regularly via notifications through Operoo.

- 14.7 Information about how to respond to an anaphylactic reaction during off-site or out of School activities (including on excursions, School camps and at special events conducted, organised or attended by the School, and at Keysborough and Shoreham) is communicated to staff at the risk management briefing prior to the activity, to parents regularly via notifications on Operoo.

Volunteers and casual relief workers

- 14.8 All volunteers and casual relief workers (i.e. employees or contractors) must be notified by a designated staff member of the names of any student at risk of anaphylaxis, the location of each student's IAMP and adrenaline auto-injector, this policy, and their role in responding to an anaphylactic reaction of a student in their care.
- 14.9 The designated staff member will usually be the Head of Campus where the volunteer is volunteering (e.g. a volunteer is volunteering in the ELC, the designated staff member will be the Director of the ELC). In the case of casual relief workers, it will usually be their manager and / or the Daily Organiser.

Communications to students

- 14.10 A student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Staff must be sensitive to this situation and use their discretion when discussing anaphylaxis with that student.
- 14.11 Students are briefed during class time and through assemblies about the risks posed by anaphylaxis and the need to promptly alert a member of staff if they believe that they, or a peer is suffering an anaphylactic reaction.
- 14.12 These briefings also address the School's expectations of students in the event of an actual or suspected anaphylactic reaction (whether this occurs on or off-site).
- 14.13 These include:
- (a) remain calm;
 - (b) promptly seek help;
 - (c) if the circumstances allow, ensure that the person suffering from the anaphylactic reaction is accompanied whilst others seek help; and
 - (d) listen carefully to any instructions you receive from staff (or if applicable, medical professionals or emergency services).
- 14.14 Teachers discuss key messages at appropriate times with students in their classes. This can be adopted by students during both normal and off-site or out of school activities. These include:
- (a) always take food allergies seriously – severe allergies are no joke;
 - (b) do not share your food with others;

- (c) wash your hands after eating;
 - (d) know what your friends are allergic to.
 - (e) if a peer becomes sick, get help immediately even if the person feeling unwell does not want to;
 - (f) be respectful of adrenaline auto-injectors – they are not toys; and
 - (g) do not pressure your friends to eat food that they are allergic to.
- 14.15 Students are also reminded prior to any off-site activity (including at Keysborough and Shoreham) about the symptoms of anaphylaxis and told which staff member from whom they can seek help.
- 14.16 Posters and materials are also displayed around the campus to promote awareness of anaphylaxis, and what to do in the event of an actual or suspected reaction.

Communications with parents

- 14.17 The School is aware that parents sending a child to school who is at risk of anaphylaxis can be an anxious experience. It is important to develop an open and co-operative relationship with students and their families, so that they can feel confident that appropriate management strategies are in place.
- 14.18 All parents are asked at enrolment if their child has any allergies or medical conditions of which the School needs to be aware.
- 14.19 The School shall encourage ongoing communication between parents and the Health centre staff regarding the current status of the student's allergies, this policy and its implementation. Regular communication can ease concern of parents with children who are at risk and will help raise awareness in the School community.

Communications in an emergency

- 14.20 In the event that a student suffers an anaphylactic reaction whilst in the care of the School, after staff have tended to the medical needs of the student (including by calling emergency services), staff must contact parents.
- 14.21 The Health centre staff are responsible for making contact with parents following a reaction at the Mentone site.
- 14.22 In the event of an off-site reaction (including at Keysborough or Shoreham), responsibility for the communication lies with the Teacher-in-Charge. Parents will be advised of next steps and what they are required to do, which will largely depend on the circumstances (eg. attending the hospital).
- 14.23 Where communication with parents is unsuccessful, the School will contact with the emergency contact listed on that student's file.

Training

- 14.24 The Principal is responsible for ensuring that all staff identified in clause 12.1 of MO 706 are trained and briefed at least twice per calendar year about anaphylaxis management, in accordance with the requirements under clause 12 of MO 706.
- 14.25 The Principal will ensure that the following School staff will be trained and briefed on anaphylaxis management:
- (a) Those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend.
 - (b) Any further School staff (including volunteers, regular casual relief staff and trainees) that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School (including, for example, during excursions, yard duty, camps and special event days).
- 14.26 Such staff will be advised about how to respond to an anaphylactic reaction through briefings at least twice per calendar year and training, in accordance with this policy. The School keeps records to ensure that all relevant staff have received the training and therefore, are able to respond to an anaphylactic reaction.
- 14.27 The School will communicate with relevant staff about the date, time and requirements of anaphylaxis training through its internal online network.

15. Training Staff on Anaphylaxis Management

Principal's obligation to ensure supervision by trained staff

- 15.1 When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the School's care or supervision outside of normal class activities (e.g. in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School), the Principal must ensure that there is a sufficient number of staff present who have been trained in accordance with the requirements under clause 12 of MO 706.
- 15.2 The Principal is also responsible for ensuring that all required staff attend anaphylaxis briefings and trainings (including but not limited to the twice annual briefing referred to below) in accordance with the requirements of MO 706 and other relevant legislation and guidelines.

Which staff members must be trained in anaphylaxis management?

- 15.3 All staff who conduct classes that students who are at risk of anaphylaxis attend (and any other staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the School's care or supervision) must be trained in anaphylaxis management in accordance with clause 12 of MO 706.
- 15.4 In this section, 'staff' refers to any person employed or engaged (e.g. as a volunteer or contractor) by the School who the Principal determines should comply with this policy, and who is either:

- (a) required to be registered under Part 2.6 of the *Education and Training Reform Act 2006* (Vic) to undertake duties as a teacher within the meaning of that Part; or
- (b) in an educational support role, including a Teacher's Aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction.

What training requirements must be met?

- 15.5 Staff who are subject to training requirements must have successfully completed:
- (a) an accredited face-to-face anaphylaxis management training course in the three years prior, which includes a competency check in the administration of an adrenaline auto-injector; or
 - (b) an accredited online anaphylaxis management training course in the two years prior, which includes a competency check in the administration of an adrenaline auto-injector.
- 15.6 Examples of accredited courses are 22578VIC - Course in First Aid Management of anaphylaxis, and 10710NAT - Course in Allergy and anaphylaxis Awareness.
- 15.7 Staff who are subject to training requirements must also participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year.
- 15.8 The briefing must be conducted by a staff member (typically a Nurse) who has successfully completed a face-to-face anaphylaxis management training course referred to above in the last two years, and will cover:
- (a) this policy;
 - (b) the causes, symptoms and treatment of anaphylaxis;
 - (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - (d) student IAMPs and where they can be located, both on-site and off-site;
 - (e) how to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector;
 - (f) The School's general first aid and emergency response procedures;
 - (g) the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the School for general use; and
 - (h) any other matters prescribed by MO 706 and relevant guidelines.
- 15.9 If training/briefing has not occurred in accordance with the above:
- (a) the Principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the

potential for anaphylactic reaction, and training must occur as soon as possible thereafter; and

- (b) staff who have not met training/briefing requirements must liaise with the Director of Risk and Compliance and Director of School Operations as soon as possible, to ensure their workload does not involve them having sole supervision of any student with a medical condition that relates to allergy and the potential for anaphylactic reaction.

16. Annual Risk Management Checklist

- 16.1 The Principal must complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department of Education and Training from time to time.
- 16.2 The current version of the checklist is available on the Department website here: <https://www2.education.vic.gov.au/pal/anaphylaxis/resources>

17. Further Information

- 17.1 The Royal Children's Hospital operates an anaphylaxis Support Advisory Line for all school anaphylaxis management enquiries. The advisory line is available on 1300 725 911 between the hours of 8.30am to 5.00pm, Monday to Friday.
- 17.2 Additional resources are available from the Department of Education and Training website here: <https://www2.education.vic.gov.au/pal/anaphylaxis/resources>

18. Consequences of Breach

- 18.1 Staff found to be in breach of the requirements of this policy may be subject to disciplinary action, up to and including termination of employment (or engagement, where appropriate).
- 18.2 Employees should refer to the Performance Management and Disciplinary Action Policy.

Annexure A: Emergency Response Procedures for anaphylaxis

The following procedures should be followed in the event of a student suffering an anaphylactic reaction.

19. Classroom (Mentone site)

- 19.1 The supervising Teacher should stay with the student. Do not move the student.
- 19.2 The Teacher should administer the student's personal adrenaline auto-injector, if the student is carrying it.
- 19.3 Otherwise, contact the Health Centre or campus office to obtain the student's personal adrenaline auto-injector .
 - (a) If you cannot make contact, send a responsible student there to ask staff for help.
- 19.4 Staff should bring the adrenaline auto-injector to the scene and administer it without delay.
- 19.5 Call 000 immediately after.

20. Schoolyard (Mentone site)

- 20.1 The Teacher on yard duty should stay with the student. Do not move the student.
- 20.2 The Teacher should administer the student's personal adrenaline auto-injector, if the student is carrying it.
- 20.3 Otherwise, contact the Health Centre or campus office to obtain the student's personal adrenaline auto-injector.
 - (a) If you cannot make contact, send a responsible student there to ask staff for help.
- 20.4 Staff should bring the adrenaline auto-injector to the scene and administer it without delay.
- 20.5 Call 000 immediately after.

21. All other activities (including at Keysborough and Shoreham sites)

- 21.1 The supervising staff member should stay with the student.
- 21.2 The supervising staff member should locate and administer the student's adrenaline auto-injector.
- 21.3 Call 000 immediately after.

22. Using an Adrenaline Auto-injector

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

- 22.2 Where possible, only staff with training in the administration of the adrenaline auto-injector should administer a student's adrenaline auto-injector. However, it is imperative that an adrenaline auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline auto-injector may be administered by any person following the instructions in the student's ASCIA Action Plan.
- 22.3 Once an adrenaline auto-injector has been administered, staff should follow the procedure set out in the student's IAMP (including the ASCIA Action Plan), and then any applicable general first aid and emergency response procedure. Communications to staff, students and parents should occur in accordance with the communications plan in this policy.

23. Location of Adrenaline Auto-injectors

- 23.1 Appendix A shows location of all adrenaline auto-injector for general use

24. Contact Numbers

- 24.1 **Health Centre:** +61 (03) 9581 3242

24.2 **Mentone Campus Offices**

- (a) ELC – +61 (03) 9581 3262
- (b) Eblana – +61 (03) 9581 3270
- (c) Riviera – + 61 (03) 9581 5274
- (d) Bayview – + 61 (03) 9581 3261
- (e) Greenways – + 61 (03) 9581 3279
- (f) Frogmore → + 61 (03) 9581 3275

Annexure B: Prevention Strategies

25. In classrooms

- 25.1 Teachers must liaise with parents about food-related activities ahead of time.
- 25.2 Staff must use non-food treats wherever possible. If food treats are used, it is recommended that parents of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- 25.3 Staff must not give food from outside sources to a student who is at risk of anaphylaxis unless the requisite approval has been provided by their parents via Operoo.
- 25.4 Staff must ensure that 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. The exception to this is where parents give specific approval to the contrary.
- 25.5 Staff should be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes.
- 25.6 Staff must ensure that all cooking utensils, preparations dishes, plates, etc., are washed and cleaned thoroughly after preparation of food and cooking.
- 25.7 Staff should have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

26. In the yard

- 26.1 The School will ensure that there are sufficient staff on yard duty who are trained in the administration of an adrenaline auto-injector and able to respond quickly to an anaphylactic reaction.
- 26.2 The School will ensure that adrenaline auto-injectors are easily accessible from the yard, and brief staff on the location of the closest adrenaline auto-injectors.
- 26.3 Staff must encourage students with anaphylactic responses to insects to stay away from water or flowering plants.
- 26.4 Maintenance Staff must take all reasonable steps to ensure that lawns and clovers are mowed regularly and outdoor bins covered.
- 26.5 Staff must take all reasonable steps to ensure that students keep drinks and food covered while indoors.

27. Special internal events (sports events, incursions, parties)

Requirements for events at Mentone, Keysborough and Shoreham

- 27.1 The School will ensure that there are sufficient staff supervising the event who are trained in the administration of an adrenaline auto-injector and able to respond quickly to an anaphylactic reaction.

- 27.2 If food is to be consumed at the event, staff must consult parents in advance to either develop an alternative food menu or request parents to send a meal for the student.
- 27.3 Staff should avoid using food rewards in activities or games.
- 27.4 The Teacher-in-Charge must inform parents of other students about foods that may cause allergic reactions in other students and request that they avoid providing their child with treats.
- 27.5 The Teacher-in-Charge must ensure that if any student is allergic to latex, any party balloons or personal protective equipment in use at the event (e.g. gloves) are latex-free.
- 27.6 All staff members present at the event must be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- 27.7 During regular sport and planned sport training and matches (i.e. Wed / Thurs afternoon sport training and Saturday matches), school staff will have access to an adrenaline auto-injector in their first aid kits as well as being available through the School's first aid providers.

Requirements for events at Keysborough and Shoreham

- 27.8 A staff member trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector must accompany any student at risk of anaphylaxis at the event.
- 27.9 Before departing the Mentone site, the Staff Member-in-Charge must ensure that the adrenaline auto-injector and ASCIA Plan for each student at risk of anaphylaxis is available at the activity/event, by physically collecting it.

28. Off-site activities and events

Generally

- 28.1 Before the excursion, the Teacher-in-Charge must ensure that staff consult with the parents and medical practitioner (if necessary) of any student at risk of anaphylaxis, to review the student's IAMP and ensure that it is current and contains all relevant information for the particular activity. Staff should consult parents in advance to discuss issues that may arise, to develop an alternative food menu, or request the parents provide a meal (if required).
- 28.2 The Teacher-in-Charge must ensure that a risk assessment is conducted for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- 28.3 The Teacher-in-Charge must ensure that:
- (a) there are sufficient staff supervising the event who are trained in the administration of an adrenaline auto-injector and able to respond quickly to an anaphylactic reaction;

- (b) all staff members present during the field trip or excursion are briefed on the identity of any students attending who are at risk of anaphylaxis, and able to identify them by face.
- 28.4 A staff member trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector must accompany any student at risk of anaphylaxis on excursions.
- 28.5 Before departing off-site, the Teacher-in-Charge must ensure that the adrenaline auto-injector and IAMP for each student at risk of anaphylaxis is being brought to the activity/event, either by a supervising staff member or the student themselves.
- 28.6 Staff should avoid using food in activities or games, including as rewards.
- 28.7 The Teacher-in-Charge must ensure that adrenaline auto-injector and a copy of the IAMP for each student at risk of anaphylaxis should be easily accessible and staff are aware of where these items are being stored.

Work experience

- 28.8 Where a student undertakes work experience as part of their enrolment, the School's Work Experience Coordinator must confirm that the parents have informed the relevant workplace of their student's allergy and/or risk of anaphylactic reaction and need to carry an adrenaline auto-injector (such as an EpiPen®).
- 28.9 Were a person with anaphylaxis undertakes work experience at the School, the School's approach to managing risk for that person would be the same as if the person was an enrolled student.

29. Camps and Remote Settings

- 29.1 Before engaging a camp owner/operator's services, the Teacher-in-Charge should make enquiries as to whether it can provide food that is safe for students at risk of anaphylaxis. If a camp owner/operator cannot provide this confirmation to the School, the School should consider using an alternative service provider.
- 29.2 The Teacher-in-Charge should ensure that the camp cook can demonstrate satisfactory training in food allergen management and understands the implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- 29.3 Before the camp, the Teacher-in-Charge must ensure that staff consult with the parents and medical practitioner (if necessary) of any student at risk of anaphylaxis, to review the student's IAMP and ensure that it is current and contains all relevant information for the particular camp..
- 29.4 Staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

- 29.5 Staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- 29.6 If staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students.
- 29.7 Staff should consider the potential exposure to allergens when consuming food on buses and in cabins.
- 29.8 Staff must not sign any written document or disclaimer from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis.
- 29.9 The Teacher-in-Charge should ensure that the use (by the camp owner/operator, staff or students) of substances containing allergens is avoided wherever possible.
- 29.10 The Teacher-in-Charge should ensure that the camp owner/operator does not stock peanut or tree nut products, including nut spreads, and that products that 'may contain' traces of nuts will not be served to students who are known to be allergic to nuts.
- 29.11 The Teacher-in-Charge must ensure that each student's adrenaline auto-injector and IAMP (including the ASCIA Action Plan – as stored via Operoo), as well as a staff mobile phone are taken on camp. If mobile phone access is not available to staff, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- 29.12 Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all staff participating in the camp are clear about their roles and responsibilities.
- 29.13 The Teacher-in-Charge should consider taking an adrenaline auto-injector for general use on camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. The cost of the spare adrenaline auto-injector/s will be built into yearly camp costs.
- 29.14 The School maintains an adrenaline auto-injector for general use, which is kept in the first aid kit for camps.
- 29.15 Adrenaline auto-injectors should remain close to the student and staff must be aware of their location at all times.
- 29.16 Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- 29.17 Cooking and art and craft games should not involve the use of known allergens.

30. Overseas Travel

- 30.1 The Teacher-in-Charge should, in consultation with the Director of Risk and Compliance (or their delegate) , review and consider the strategies listed above for field trips, excursions, sporting events, camps and remote settings. Where an excursion or camp is occurring overseas, the School should involve parents in discussions regarding risk management well in advance.
- 30.2 The Teacher-in-Charge should, in consultation with the Director of Risk and Compliance (or their delegate) , investigate the potential risks at all stages of the overseas travel such as:
- (a) travel to and from the airport/port;
 - (b) travel to and from Australia (via aeroplane, ship etc);
 - (c) various accommodation venues;
 - (d) all towns and other locations to be visited;
 - (e) sourcing safe foods at all of these locations; and
 - (f) risks of cross contamination, including -
 - (i) exposure to the foods of the other students;
 - (ii) hidden allergens in foods;
 - (iii) whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction;
 - (iv) whether the other students will wash their hands when handling food.
- 30.3 The Teacher-in-Charge should, in consultation with the Director of Risk and Compliance (or their delegate) , assess where each of these risks can be managed using minimisation strategies such as the following:
- (a) translation of the student’s IAMP and ASCIA Action Plan;
 - (b) sourcing of safe foods at all stages;
 - (c) obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited;
 - (d) obtaining emergency contact details; and
 - (e) sourcing the ability to purchase additional adrenaline auto-injectors.
- 30.4 The Teacher-in-Charge should ensure that staff record details of travel insurance, including contact details for the insurer, and 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.

- 30.5 The Teacher-in-Charge should, in consultation with the Director of Risk and Compliance (or their delegate) , plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
- (a) there are sufficient staff attending the excursion who have been trained in anaphylaxis management;
 - (b) there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
 - (c) there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
 - (d) staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
- 30.6 The Teacher-in-Charge should, in consultation with the Director of Risk and Compliance (or delegate) , review the suitability of the School’s emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip.
- 30.7 The Teacher-in-Charge will keep a record of relevant information such as the following:
- (a) dates of travel;
 - (b) name of airline, and relevant contact details;
 - (c) itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
 - (d) hotel addresses and telephone numbers;
 - (e) proposed means of travel within the overseas country;
 - (f) list of students and each of their medical conditions, medication and other treatment (if any);
 - (g) emergency contact details of hospitals, ambulances, and medical practitioners in each location;
 - (h) details of travel insurance ;
 - (i) plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans; and
 - (j) possession of a mobile phone or other communication device that would enable School staff to contact emergency services in the overseas country if assistance is required.

31. Related Documents

Ministerial Order No. 706: anaphylaxis Management in Victorian schools and school boarding premises.

Education and Training Reform Act 2006 (Vic).

Department of Education and Training anaphylaxis Guidelines, available from <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance>

First Aid Policy and Procedure.

Medication Policy.

Defibrillator Locations

