



Anaphylactic Shock Management Policy

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

'Ministerial Order No. 706: Anaphylaxis Management in Victorian 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 4.3.1 (6)(c) of the Act.

Anaphylactic Shock

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

The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions. Partnerships between the College and parents/guardians are important in helping students avoid exposure as well as age-appropriate education for students.

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

It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal and all College staff, parents/guardians, students and the broader College community.

Harkaway Hills College's Policy

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

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.

It is critical that 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 schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the College's anaphylaxis management policy in the College community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student



- ensure that staff 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.

Duty of Care

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

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

Students at risk of allergic reactions, including anaphylaxis, could also be singled out or subjected to bullying behaviour within the wider College community. As part of our Bullying and Harassment Policy the College maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole College community to recognise and respond appropriately to bullying and behave as responsible bystanders.

Safe Work Practices

Harkaway Hills College has developed the following work practices and procedures for managing anaphylactic shock:

<p>Individual Anaphylaxis Management Plans</p>	<p>Parents/carers are requested to notify the College of all medical conditions including allergies. Refer to our Student Medical Records policy.</p> <p>Students who are identified as suffering from severe allergies that may cause anaphylactic shock are considered high risk. For each of these students an Individual Anaphylaxis Management Plan should be developed and regularly reviewed and updated.</p> <p>Harkaway Hills College maintains a complete and up to date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of Elizabeth Freeman to keep this list up to date. The list is kept at the First Aid Room in the Administration Office.</p> <p>Preparation</p> <p>Where the College has been notified, the Principal will be responsible for developing an Individual Anaphylaxis Management Plan in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.</p> <p>The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the College.</p> <p>The Principal or College Anaphylaxis Supervisor should develop an Interim Individual Anaphylaxis Management Plan for the student where:</p> <ul style="list-style-type: none"> • the College has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the
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	<p>parents/guardians have not told the College about any allergies, but the student mentions it in class); or</p> <ul style="list-style-type: none">• a student's adrenaline autoinjector has been used or lost and not yet replaced; or• a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured; or• relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis. <p>As soon as practicable, the Principal or College Anaphylaxis Supervisor should put the Interim Individual Anaphylaxis Management Plan in place and take steps to consult with the student's parents and prepare an Individual Anaphylaxis Management Plan if necessary.</p> <p>The template Individual Anaphylaxis Management Plan included in the Anaphylaxis Guidelines for Victorian Schools should be used to complete a student's Interim Individual Anaphylaxis Management Plan.</p> <p>Individual Anaphylaxis Management Plans must include the following:</p> <ul style="list-style-type: none">• information on the type of allergy the student has, information about the medical condition and the potential for anaphylactic reaction• strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the College• name of the person responsible for implementing the plan• where the student's medication will be stored• emergency contact details of the student• the ASCIA Action Plan for Anaphylaxis <p>As much information as possible should be included. For example, if a student is allergic to nuts, the types of nuts must be listed and/or if a student is allergic to eggs: raw/cooked/the yolk?</p> <p>Review</p> <p>Each student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:</p> <ul style="list-style-type: none">• annually, and as applicable• if the student's condition changes• immediately after the student has an anaphylactic reaction• when student participation in an off-site activity or special event is required. <p>Responsibilities</p> <p>The Anaphylaxis Supervisor will work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none">• ensure that the student's emergency contact details are up to date• ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector• regularly check that the student's adrenaline autoinjector is not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
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	<ul style="list-style-type: none"> inform parents/carers in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents/carers if the autoinjector is not replaced ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's Adrenaline Autoinjector. <p>Location of Plan</p> <p>Individual Anaphylaxis Management Plans and Individual ASCIA Action Plans for Anaphylaxis are kept in the First Aid Room in the Administration Office.</p>
<p>Adrenaline Autoinjectors – Purchase, Storage and Use</p>	<p>In accordance with their responsibilities set out in the Anaphylactic Shock Management Policy, the Principal purchases adrenaline autoinjectors for general use.</p> <p>Adrenaline autoinjectors for general use refer to back-up or unassigned adrenaline autoinjectors and they are additional to the prescribed adrenaline autoinjectors for individuals provided by parents/carers. These adrenaline autoinjectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed auto-injectors.</p> <p>General use adrenaline autoinjectors are used when:</p> <ul style="list-style-type: none"> a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used a student is having a suspected first-time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis instructed by a medical officer after calling 000. <p>the number and type of adrenaline autoinjectors are purchased considering:</p> <ul style="list-style-type: none"> the number of students enrolled who have been diagnosed as being at risk of anaphylaxis the accessibility of adrenaline autoinjectors that have been provided by parents/carers the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the College (e.g. College yard, at excursions, camps and special events) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first that currently the only adrenaline autoinjector available in Australia is EpiPen® that children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr <p>Adrenaline autoinjectors are designed so that anyone can use them in an emergency. Even when there are no students enrolled with a diagnosed risk of anaphylaxis, the Principal should consider purchasing an autoinjector for general use for students who may experience their first anaphylactic reaction while at the College.</p>



	<p>Storage</p> <ul style="list-style-type: none"> all adrenaline autoinjectors and medication must be stored according to a student's ASCIA Action Plan for Anaphylaxis and checked regularly to ensure that they have not expired, become discoloured or sediment is visible adrenaline autoinjectors and other medication must be stored in various locations which are easily accessible to staff but not accessible to students. A copy of the student's ASCIA Action Plan for Anaphylaxis must also be stored with their medical kit. <p>The following procedures will be followed for storage of adrenaline autoinjectors:</p> <ul style="list-style-type: none"> adrenaline autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly Adrenaline autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis an adrenaline autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange) Adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion Whenever adrenaline autoinjectors are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded. <p>Harkaway Hills College is a member of the EpiClub, which provides the College with a reminder when our adrenaline autoinjectors require an update.</p> <p>Harkaway Hills College maintains adrenaline autoinjectors and other relevant medication in the following location/s:</p> <ul style="list-style-type: none"> First Aid Room in the Administration Office Library <p>All staff should be aware of these locations.</p> <p>The College will undertake regular reviews of students' adrenaline autoinjectors and those for general use, are checked regularly to ensure the requirements of this Policy are being met.</p> <p>If the Supervisor or other designated College staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discoloured, they should:</p> <ul style="list-style-type: none"> immediately send a written reminder to the student's parent/carer to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parent/carer or if no replacement adrenaline autoinjector is provided) advise the Principal that an adrenaline autoinjector needs to be replaced work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending receipt of the replacement Adrenaline Autoinjector.
<p>Communication Plan</p>	<p>The Principal will be responsible for developing a Communication Plan to provide information to all staff, students and parents/carers about anaphylaxis and the development of the College's anaphylaxis management strategies.</p>



	<p>The Communication Plan includes the following information:</p> <ul style="list-style-type: none"> • the College's policy/guidelines which includes information on strategies to reduce the risk of an allergic reaction • information on who needs to be trained, how often they are trained and what training to access/complete • strategies for advising staff, students and parents/ guardians about how to respond to an anaphylactic reaction during normal College activities • strategies for advising staff, students and parents/guardians about how to respond to an anaphylactic reaction during off-site or out of College activities • procedures to inform volunteers and casual relief staff on arrival at the College if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction • procedures to communicate with and raise awareness among staff, students, parents/carers and the College community • the responsibility of the Principal for ensuring that College staff who conduct classes attended by students at risk of anaphylaxis are trained and briefed at least twice per calendar year. Refer to Anaphylaxis Training and Briefings. <p>Raising Staff Awareness</p> <p>The Communication Plan must include arrangements for relevant College staff to be briefed at least twice per year by the College's Anaphylaxis Supervisor or a staff member who has successfully completed current anaphylaxis management training. The College's Anaphylaxis Supervisor or other designated staff member(s) should brief all volunteers and casual relief staff, and new College staff (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) on the above information and their role in responding to an anaphylactic reaction experienced by a student in their care.</p> <p>Raising Student Awareness</p> <p>The College will promote student awareness of the risk of anaphylaxis. The following methods may be used as appropriate:</p> <ul style="list-style-type: none"> • displaying fact sheets or posters in hallways, general purpose rooms and classrooms • discussion by class teachers (such as the use of the Be a MATE kit) • acknowledging that a student at risk of anaphylaxis may not want to be singled out or seen to be treated differently • dealing with any bullying or attempt to harm a student in accordance with the College's Student Discipline Policy and Bullying and Harassment Policy. <p>Location of Plan</p> <p>The College's Communication Plan is kept with the EpiPens located in the First Aid Room in the Administration Office and in the Library.</p>
<p>Emergency Response Procedures</p>	<p>Harkaway Hills College maintains a complete and up to date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of the Administrative Assistant to keep this list up to date. The list is kept in First Aid Room in the Administration Office and is recorded on Sentral.</p>



	<p>Refer to the Communication Plan for information on how to respond to and communicate an emergency to the School community.</p> <p>The College regularly undertakes drills to test the effectiveness of our emergency response procedures, including in responding to an anaphylactic incident.</p> <ul style="list-style-type: none"> • staff should refer to the Anaphylaxis Guidelines for Victorian Schools to plan for an anaphylactic reaction, including information on: • self-administration of an adrenaline autoinjector • responding to an incident • procedures to follow in the College and out of College environments • how to administer an EpiPen • steps to follow if an adrenaline autoinjector is administered • first-time reactions • post-incident support.
<p>Risk Minimisation Strategies</p>	<p>Principal It is the College's policy that the Principal is to ensure that while the student is under the care of the College, including on excursions, camps, special event days such as sports carnivals, there is a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course.</p> <p>In the classroom, teachers should:</p> <ul style="list-style-type: none"> • ensure they are aware of the identity of any students who are a high risk of having an anaphylactic reaction • be familiar with the student's ASCIA Action Plan for Anaphylaxis and have it readily accessible • be familiar with staff who are trained to deal with an anaphylactic reaction if they are not • liaise with parents/carers about food related activities ahead of time • use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis • never give food from outside sources to a student who is at risk of anaphylaxis • be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons) • consider whether to have a student's adrenaline autoinjector in class, depending on the speed or severity of previous anaphylactic reactions • have regular discussions with students about the importance of washing hands, eating their own food and not sharing food • brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan for Anaphylaxis. <p>In the College yard:</p> <ul style="list-style-type: none"> • students are not to share or swap food • a student with anaphylactic responses to insects should wear shoes at all times • outdoor bins should be kept covered • a student with anaphylactic responses should keep open drinks (e.g. drinks in cans) covered while outdoors



	<ul style="list-style-type: none"> • staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch) • the general use adrenaline autoinjector should be easily accessible • staff on duty must carry a mobile phone to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. <p>During on-site events:</p> <ul style="list-style-type: none"> • class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers send a meal for the student • parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Anaphylactic Shock Management Policy • party balloons should not be used if a student is allergic to latex • latex swimming caps and goggles should not be used by a student who is allergic to latex • staff must know where the adrenaline autoinjector is located and how to access it if required • for sporting events, it may be appropriate to take the student's adrenaline autoinjector to the event. Ensure that the adrenaline autoinjector is stored in accordance with prescribed temperatures and conditions. <p>During excursions:</p> <ul style="list-style-type: none"> • the student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance must be taken • staff members should follow the College Anaphylaxis Communication Plan regarding the supervision of students with anaphylaxis and the communication and response in an emergency • parents/carers may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the student • consider the potential exposure to allergens when consuming food on buses. <p>Harkaway Hills College does not have a canteen and does not run school camps at this time.</p>
<p>Anaphylaxis Training and Briefings</p>	<p>All College staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year in January and the second being held during the July staff day.</p> <ul style="list-style-type: none"> • January anaphylaxis training completed within a full First Aid course delivered by external provider • July training completed internally with practise EpiPen and online resources. <p>The anaphylaxis briefing covers:</p> <ul style="list-style-type: none"> • our Anaphylactic Shock Management policy • the causes, symptoms and treatment of anaphylaxis • the identities of students with an allergy at risk of an anaphylactic reaction, and where their medication is located • how to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector



	<ul style="list-style-type: none"> • our general first aid and emergency response procedures • the location of, and access to, adrenaline autoinjectors provided by parents or purchased by the College for general use. <p>Staff must successfully complete anaphylaxis training in accordance with this Policy within three years prior to supervising a student at risk.</p> <p>An interim plan must be developed with parents of any affected student with an allergy at risk of an anaphylactic reaction, if training and briefing is yet to occur.</p> <p>Training must occur as soon as possible after the student is enrolled at the College, and preferably before the student's first day at the College.</p> <p>It is the College's policy that the Principal is to ensure that while the student is under the care of the College, including excursions, special event days such as sports carnivals, there is a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course.</p>
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Risk Management Checklist

The Principal or College Anaphylaxis Supervisor completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations. We regularly check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure the latest version of the Risk Management Checklist is used.

The DET Guidelines recommend that the Principal nominates a staff member to undertake appropriate training to be able to verify the correct use of autoinjector (trainer) devices and lead the twice-yearly briefings on the College's anaphylaxis management policy (Anaphylaxis Supervisor). It is recommended that at least two Anaphylaxis Supervisors per school or campus are appointed at the College.

Harkaway Hills College has appointed the following staff members as its Anaphylaxis Supervisors: Elizabeth Freeman and Antoinette Baird.

Key Definitions

Adrenaline Autoinjector	An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen® or EpiPen® Jr.
Anaphylaxis Management Training Course	<p>This means a course in anaphylaxis management training:</p> <ul style="list-style-type: none"> • that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector • accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Autoinjector • endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Autoinjector



	<ul style="list-style-type: none"> any other course including an Online Training Course.
ASCIA	Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
ASCIA Action Plan for Anaphylaxis	This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.
Communication Plan	A plan developed by Harkaway Hills College which provides information to all school staff, students and parents about anaphylaxis and this Policy.
Individual Anaphylaxis Management Plan	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.
Online Training Course	The course called ASCIA Anaphylaxis e-training for Victorian Schools

Roles and Responsibilities

<p>Principal (Mary Broadsmith)</p>	<p>Section 9 of the DET Guidelines sets out the role and responsibilities of the Principal. The Principal must:</p> <ul style="list-style-type: none"> ensure that the College develops, implements and annually reviews this Policy in accordance with Ministerial Order No. 706 and the DET Guidelines actively seeks information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier) ensure that parents/carers provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the College has been notified of that diagnosis ensure that an interim Individual Anaphylaxis Management Plan is developed for a student where: <ul style="list-style-type: none"> the College has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it in class); or a student's adrenaline autoinjector has been used or lost and not yet replaced; or a student's autoinjector is identified as out of date or cloudy/ discoloured; or
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	<ul style="list-style-type: none"> • relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis. • ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff • ensure that parents/carers provide the College with an adrenaline autoinjector for their child that is not out of date, and a replacement adrenaline autoinjector when requested to do so • ensure that an appropriate Communication Plan is developed • ensure there are procedures in place for providing information to College volunteers and casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care • ensure that relevant College staff have successfully completed an approved Anaphylaxis Management Training Course and that their accreditation is current • ensure that College staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current • ensure that all College staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the College staff), with the first briefing to occur at the start of each year • allocate time, such as during staff meetings, to discuss, practise and review this Policy • encourage regular and ongoing communication between parents and College staff about the current status of the student's allergies, the College's policies and their implementation • ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents • annually at the beginning of each school year • when the student's medical condition changes • as soon as practicable after a student has an anaphylactic reaction at school • whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the College • ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually • arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the College's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).
<p>College Anaphylaxis Supervisor (Elizabeth Freeman and Antoinette Baird)</p>	<p>Anaphylaxis Supervisors must complete the School Anaphylaxis Supervisor Checklist in conjunction with the Principal and other College staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the College. Section 9 of the DET Guidelines sets out the role and responsibilities of the College Anaphylaxis Supervisor. Anaphylaxis Supervisors must:</p> <ul style="list-style-type: none"> • work with the Principal to develop, implement and regularly review this Policy • obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector • verify the correct use of adrenaline autoinjector (trainer) devices by other College staff after undertaking an online training course and through completion of the School Anaphylaxis Supervisor Checklist • provide access to the adrenaline autoinjector (trainer) device for practice by College staff



	<ul style="list-style-type: none"> • send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to maintain records of training undertaken by staff at the College • lead the twice-yearly anaphylaxis briefing • develop College-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example; a bee sting occurs on College grounds and the allergic student is conscious <p>or an allergic reaction where the student has collapsed on College grounds and the student is not conscious</p> <ul style="list-style-type: none"> • keep an up-to-date register of students at risk of anaphylaxis • keep a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point (for instance, when they have been taken on excursions, camps etc) • work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan in accordance with this Policy • provide advice and guidance to College staff about anaphylaxis management in the College, and undertake regular risk identification and implement appropriate minimisation strategies • work with College staff to develop strategies to raise the awareness of staff, students and College community about severe allergies • provide or arrange post-incident support (e.g. counselling) to students and College staff, if appropriate.
<p>Staff</p>	<p>Section 9 of the DET Guidelines sets out the role and responsibilities of the College staff. The College staff must:</p> <ul style="list-style-type: none"> • know and understand the requirements of this Policy • know the identity of students who are at risk of anaphylaxis, know their face and if possible, what their specific allergy is • understand the causes, symptoms, and treatment of anaphylaxis • obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector • know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction • know the College's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction • know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept • know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan • plan for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at the College, or away from the College • avoid the use of food treats in class or as rewards, as these may contain allergens • work with parents/carers to provide appropriate treats for students at risk of anaphylaxis, or appropriate food for their child if the food the College/class is providing may present an allergy risk • be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes • be aware of the risk of cross-contamination when preparing, handling and displaying food



	<ul style="list-style-type: none"> • make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food • raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a College environment that is safe and supportive for their peers.
<p>Parents/ Carers</p>	<p>Section 9 of the DET Guidelines sets out the role and responsibilities of the parents/carers of a student at risk of anaphylaxis. Parents/carers must:</p> <ul style="list-style-type: none"> • inform the College in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis • obtain and provide the College with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details: their condition any medications to be administered any other relevant emergency procedures • immediately inform College staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis • provide the College with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed • meet with and assist the College to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies • provide the College with an Adrenaline Autoinjector and any other medications that are current and not expired • replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used • assist College staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days) • if requested by College staff, assist in identifying and/or providing alternative food options for the student when needed • inform College staff in writing of any changes to the student's emergency contact details • participate in reviews of the student's Individual Anaphylaxis Management Plan

Signage

ASCIA Action Plans are posted in the staffroom with first aid procedures. With permission from parents/carers, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the College.

Implementation

This Policy is implemented through a combination of:

- College premises inspections (to identify wasp and beehives)
- staff training and supervision
- maintenance of medical records
- effective incident notification procedures
- effective communication procedures with the student's parents/carers
- initiation of corrective actions where necessary.



Key Reference: This Policy has been developed having regard to the Anaphylaxis Guidelines for Victorian Schools

Note to this Policy:

- Most recent anaphylaxis training completed: September 2022 and January 2023
- Most recent College premises inspection (to identify wasp and beehives): Tuesday 22 September 2022

Last updated: February 2023