Policy name	School Anaphylaxis Management Policy and Procedure
Responsible	Principal, Senior First Aid Officer (Nominated Anaphylaxis
person	Supervisor)
Staff	All School Staff
involved	
Review	Approved: 18 February 2025
dates	Review date: 2026

#### Introduction

Julia Gillard Community School (the **School**) is an independent special assistance senior secondary school based in Werribee. The School delivers the Victorian Pathway Certificate (VPC) and VCE Vocational Major Certificate (VM) for students aged 15-19 years. It provides a safe and inclusive learning environment for young people who may have been disengaged or are at risk of disengaging from education. The School is committed to supporting students to reach their personal, social and educational potential by providing the tools and skills to reflect, set goals and plan.

### Purpose of this policy & procedure

The Purpose of this Policy & Procedure is to ensure that, the School manages students at risk of anaphylaxis and meets legislative requirements.

#### Background

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools and non-school senior secondary providers have an anaphylaxis management policy in place.

### Ministerial Order 706 (MO706) – Requirements

Ministerial Order 706 - Anaphylaxis Management in Victorian schools and school boarding premises outlines what the School needs to ensure is included in its Anaphylaxis Management Policy and Procedures.

The School must review and update its existing policy and practices regularly in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements outlined below. The School will review this policy annually.

### **Policy Context**

The School believes that the safety and wellbeing of individuals who are at risk of anaphylaxis is a whole-of-community responsibility. It is important that all relevant staff, including casual relief staff and volunteers are aware of how to assess and manage an anaphylaxis emergency and the importance of ongoing anaphylaxis management.

#### **Definitions**

ASCIA: Australian Society of Clinical Immunology and allergy

Allergen: A substance that can cause an allergic reaction.

*Allergy*: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

*Ambulance contact card*: A card which contains all the information that the Ambulance Service will request when phoned on 000.

*Anaphylaxis*: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Adrenaline (Epinerphrine) devices: is a device containing one dose of adrenaline. Adrenaline is the first line emergency treatment for anaphylaxis. Adrenaline injectors are designed to be used by anyone in an emergency.

ASCIA recommends the use of adrenaline (epinephrine) as the first line emergency/first aid treatment for severe allergic reactions (anaphylaxis) using either of the following two brands of adrenaline devices:

- EpiPen® Available in Australia (PBS\* listed since 2003) and New Zealand (Pharmac\*\* listed from 1 February 2023)
- Anapen® Available in Australia (PBS listed since 2021).

ASCIA Action Plans and First Aid Plans for Anaphylaxis: The ASCIA Action Plan for Anaphylaxis is an emergency response plan for severe allergic reactions (anaphylaxis). Communication Matrix: A plan which provides information to all staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy & Procedure.

Medical Practitioner: A registered medical practitioner within the meaning of the Health Professions Registration (Repeal) Act 2012 but excludes a person registered as a non-practising health practitioner.

Medical Identification: a small emblem generally referred to as MedicAlert or tag such as a bracelet, neck chain, or on the clothing bearing a message that the wearer has an important medical condition that might require immediate attention. The tag is often made out of stainless steel or sterling silver. The intention is to alert a paramedic, physician, emergency department personnel or other first responders to the condition. Nominated staff member/nominated Anaphylaxis Supervisor: A staff member nominated by the Principal to liaise between parents/carers of a child at risk of anaphylaxis at the School.

*Risk minimisation*: A practice of reducing risks by removing, as far as is practicable, major sources of the allergen and developing strategies to help reduce the risk of an anaphylactic reaction.

### **Policy**

The School will fully comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education from time to time.

This policy is in place to manage the occurrence of anaphylaxis when an individual diagnosed as being 'at risk' of anaphylaxis by a qualified medical practitioner, is enrolled at the School. The policy raises school staff awareness.

School staff will be trained to assess and manage an anaphylaxis emergency and will be briefed at least twice a year.

Staff of the School, and parents/carers of individuals diagnosed with anaphylaxis, need to be aware that it is not possible to achieve a completely allergen-free environment. However, the School recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of an individual having an anaphylactic reaction when that diagnosis is known to the School, including strategies to minimise the presence of the allergen at the School.

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction or critical incident occurring while an individual is accessing the School, and to respond appropriately if one does occur:
- ensure that staff members are trained and respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline autoinjector; and,
- raise the School's community awareness of anaphylaxis and its management through education and policy implementation.

#### The School is committed to:

- providing, as far as practicable, a safe and healthy environment in which individuals at risk of anaphylaxis can participate fully the School programs and activities:
- raising awareness about allergies and anaphylaxis across the School community;
- actively involving the parents/carers of individuals 'at risk' of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the individual;
- ensuring staff members annually undertake the ASCIA anaphylaxis e-training for Victorian Secondary Schools;
- ensuring staff members and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures through briefing staff twice a year. This will be conducted by a member of staff who has current anaphylaxis training;
- facilitating communication to ensure the safety and wellbeing of young people or individuals at risk of anaphylaxis.

It is generally recommended that individuals who carry an adrenaline autoinjector should also wear a medical identification emblem such as a '*MedicAlert*' such as a tag or a bracelet.

### What is an Allergic reaction?

An allergy refers to an overreaction to the immune system in response to bodily contact with normally harmless substances. Substances that trigger an allergic reaction are called allergens. Allergy severity ranges from mild to severe (Managing Anaphylaxis for Life Booklet ASCIA).

#### What is Anaphylaxis?

Anaphylaxis is a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems. Allergic reactions including severe life-threatening reactions (Anaphylaxis) are becoming more common in children. Deaths are less common however, deaths do occur and Anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response.

Please note that any student with a diagnosed allergy is at higher risk of their condition progressing to Anaphylaxis and should be monitored carefully.

#### **Main Causes**

Certain foods and insect stings are the most common causes of Anaphylaxis. Nine foods cause 95% of food induced allergic reactions including Anaphylaxis. They are:

- eggs
- peanuts
- tree nuts (ie hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts, pine nuts)
- cow's milk
- wheat
- Soy
- Fish
- Shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs, prawns)
- Sesame seeds

Other common allergens include some insect stings, particularly bee stings but also wasps and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anesthetic drugs), latex.

### **Signs and Symptoms**

Mild to moderate allergic reaction can include:

- swelling of lips, face and eyes

- hives or welts
- tingling of the mouth
- abdominal pain or vomiting

Anaphylaxis (severe allergic reaction) can include:

- difficulty/ noisy breathing
- swelling of the tongue
- swelling/ tightness in throat
- difficulty talking and/ or hoarse voice
- wheeze or persistent cough
- collapse or dizziness (pale and floppy)
- abdominal pain or vomiting
- loss of consciousness
- cessation of breathing.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

#### **Individual Anaphylaxis Management Plans**

All students at Julia Gillard Community College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Julia Gillard Community College is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Julia Gillard Community College and where possible, before the student's first day.

#### **ASCIA Action Plan**

A nationally recognised Action Plan for Anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed adrenalin autoinjector. They must be completed by the student's medical practitioner. Should a different adrenalin autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This Plan is one component of the student's Individual Anaphylaxis Management Plan.

#### **ASCIA Action Plans for Anaphylaxis (RED)**

ASCIA Actions for Anaphylaxis are available on: https://www.allergy.org.au/hp/ascia-plans-action-and-treatment

Current ASCIA Action Plans are the General and EpiPen® 2025 versions, and the 2025 Anapen® version.

- ASCIA Action Plan for Anaphylaxis (RED) Epipen®
- ASCIA Action Plan for Anaphylaxis (RED) 2025 Anapen®

- ASCIA Action Plan for Anaphylaxis (RED) 2025 General®
- ASCIA How to give adrenaline (ephinephrine) injectors

## **ASCIA First Aid Plans for Anaphylaxis (Orange)**

A nationally recognized Action Plan can be used as a poster or stored with general use adrenaline autoinjectors. These plans include:

- ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2025 Epipen®
- ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2025 Anapen®
- ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2025 General®
- ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2025 Pictorial Poster

ASCIA Actions for Anaphylaxis are available on: https://www.allergy.org.au/hp/ascia-plans-action-and-treatment

### **Communication Plan**

The Principal will be responsible for ensuring that a Communication Plan is completed and actioned. The Principal of the School is responsible for ensuring that school staff are trained in accordance with clause 12 of MO706 and briefed at least twice per calendar year in accordance with clause 12 of MO706. The Communication Plan provides information to all staff, parents/carers and students about anaphylaxis and, the School's Anaphylaxis Management Policy & Procedure.

	Communication provided.	Timing	Target Audience
1.	List of all anaphylactic students (and other medical conditions) available from Principal, Senior First Aid Officer and on Student Medical Register	Term 1: First Week of school year & updated upon new enrolments or if the student's medical condition relating to anaphylaxis changes.	Staff
2.	Class lists for all classrooms includes medical alerts for students with medical conditions including anaphylaxis	Term 1: First Week of school year OR if any changes to current list as required	Staff
3.	Principal responsible for ensuring identified staff are provided anaphylaxis training in accordance with clause 12 of Ministerial Order 706	Completed by first day Term 1 or as required	School staff who conduct classes that students at risk of anaphylaxis attend and any further staff

This document was reviewed and accepted by the Board of Governance of the Wyndham Community and Education Centre Inc on 18/2/2025 and supersedes all previous versions.

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			identified by the Principal
4.	Providing appropriate anaphylaxis Briefing	Minimum twice per year	Staff
5.	Excursions/Camps	As required	Staff
	If required, the School will consult parents of students with anaphylaxis in advance to discuss plans for appropriate management of anaphylaxis.		Parents/Carers Students
	Medications to manage anaphylaxis to be provided by parent/guardian or student (if 18 or over).		
6.	Principal advise parents of requirements to obtain Anaphylaxis Action Plan for student prior to commencing at the School or if any changes to the student's medical condition.	Upon new enrolment or as required	Parents/Carers
7.	Casual staff / volunteers briefed at start of day by the Assistant Principal about student in their classes with medical alerts.	As required	CRT Staff
8.	Raising community awareness.	As required	Staff
	Completing and executing the		Students
	requirements within the Communication Matrix.		Parents/Carers
	Information about anaphylaxis and related conditions and management will be provided to the community through training, briefings, student briefings, and posters throughout the School. Further information can also be obtained from the Senior First Aid Officer.		CRT Staff

### Overview of how the School manages students with anaphylaxis.

The below information summarises how the School manages students with anaphylaxis.

### **ASCIA** action plans

A copy of the students ASCIA Action Plan for Anaphylaxis (prepared by a medical or nurse practitioner) must be obtained from the parent or carer and held by the school. The

plan outlines the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

It is the parent/carer(s) responsibility to provide the School with a copy of their child's ASCIA Action Plan for Anaphylaxis and an up-to-date photo of the student – to be appended to this plan – and to inform the School if their child's medical condition changes. It is the responsibility of the parent/carer to provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to the school and whenever the plan is reviewed.

Current ASCIA action plans are the General and EpiPen 2025 and Anapen 2025 versions. However, prior versions (2023, 2021, 2020 and 2018) are still valid for use in 2025.

### **Individual Anaphylaxis Management Plan**

An individual anaphylaxis management plan specific to a student enrolled at the School at risk of anaphylaxis will be completed by the Principal or nominated Anaphylaxis Supervisor, in consultation with the student's parents/carer and be informed by the ASCIA Action Plan for Anaphylaxis provided by the parent.

The individual *Anaphylaxis Management Plan* will be in place as soon as practicable after the student enrols at the school, and where possible before the student's first day of attendance at that school.

The individual *Anaphylaxis Management Plan* must include information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner).

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 (EpiPen and Anapen), emergency contact details, should the student display symptoms of an anaphylactic reaction, and actions to minimise these risks.

The plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if a student's medical condition relating to allergy and the potential for anaphylactic reaction) changes
- as soon as practicable after a student has an anaphylactic reaction at the School
- 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.

#### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures specified in this Policy and Procedure must be followed, together with the School *Accident and First Aid Policy and Procedure* and the student's individual *Anaphylaxis Management Plan*.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including 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 school staff present who have been trained in accordance with clause 12 of Ministerial Order 706.

### **Prevention Strategies and Risk Minimisation**

The School has developed these risk minimisation and prevention strategies for an anaphylaxis emergency based on the workplace environment.

Modification of environmental and behavioural factors will be implemented as required to reduce exposure to triggers for a diagnosed person suffering allergies.

Modifications require cooperation and compromise amongst the School community.

#### The School will:

- conduct an assessment of the potential for accidental exposure to allergens while an individual at risk of anaphylaxis is accessing the School
- peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food induced anaphylaxis. The School will reduce all possible anaphylaxis triggers such as eggs, peanuts and nuts wherever possible
- identify individuals at risk and obtain their ASCIA Anaphylaxis Action Plan including emergency procedures and ensure a copy of the Action Plan is known to all relevant staff
- provide staff with training in anaphylaxis management in order to gain the required knowledge and skills necessary to provide the best possible care including practising administration of adrenaline autoinjector devices and "anaphylaxis scenarios" on a regular basis, at least twice a year, at the beginning of the school year and second semester
- ensure that all staff including casual relief staff are informed of where the individual's medication is stored
- ensure that no one under-18 who has been prescribed an adrenaline autoinjector is permitted to attend the service or its programs without that device
- ensure that the individual carries their own medication on their person at all times
  - and encourage them to wear a medical identification emblem such as a MedicAlert tag or bracelet

- encourage ongoing communication between parents/legal carers of under-18s and relevant staff regarding the current status of the individual's allergies or anaphylaxis
- display an ambulance contact card by the telephone
- comply with the School's Anaphylaxis Management Policy & Procedure and the individual's ASCIA Anaphylaxis Action Plan

## **Responsibilities - Parents**

- Any parents/carers (person with parental responsibility) of a student who has anaphylaxis or a diagnosed allergy, must inform the School of the diagnosis, at enrolment or as soon as is practicable.
- Parents/carers must provide an ASCIA Anaphylaxis Action Plan signed by a medical practitioner as soon as is practicable.
- Parents/carers must provide the school with an adrenaline autoinjector that is current and not expired for their child. They should ensure that their child carries their own clearly labelled current adrenaline autoinjector at all times.
   Parents/carers should regularly check and replace the student's adrenaline autoinjector and/or any other medication as needed, before the expiry date or when used.
- Parents/carers should assist staff by offering information and answering any questions regarding allergies to complete the Individual Anaphylaxis Management Plan, including risk minimization and management strategies.
- Parents/carers should notify staff of any changes to their child's allergy or anaphylaxis status and provide a new ASCIA Action Plan in accordance with these changes; or as soon as practicable after a student has an anaphylactic reaction.
- Parents/carers should comply with all procedures to help protect their child or other individuals from accidental exposure to food allergens.

### **Responsibilities – School Staff**

The School has a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students during on-site and off-site activities. This responsibility extends to all staff and includes administrators, casual relief staff, specialist staff, and any other staff engaged by the School.

The Principal must be notified immediately of the enrolment of an individual with anaphylaxis or a severe allergy.

The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed for any student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

An Individual Anaphylaxis Management Plan must include:

- An ASCIA Action Plan for Anaphylaxis provided by the parent which contains procedures in case of an emergency, a current photo and is signed by a medical practitioner
- Strategies to minimise risk/ prevention strategies
- The nominated staff member at the time, responsible for implementing risk management (Delegated by Principal)
- Details of strategies for participating in off-site events or activities
- Information on where medication is stored
- Information on the location of the ASCIA Action Plan for each student
- A date for review at least annually, or as soon as practicable after the student has an anaphylactic reaction

#### Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

The Individual Anaphylaxis Management Plan includes the on-site and off-site location of the ASCIA Action Plan. A copy of the Individual Anaphylaxis Management Plan is maintained by the Principal in the student's file, teachers office, Administration Office, Sentral and SharePoint. A copy is also given to the senior First Aid Officer.

### ASCIA Action Plan - onsite during normal school activities

- A copy of the ASCIA Action Plan is kept on the SMS Sentral and Share Point.
- A copy of the ASCIA Action Plan is kept on display in the Teacher's Office and in the Principal's Office.

### **ASCIA** Action Plan – offsite or out of school activities (eg. Excursions, events)

- A copy of each student ASCIA Action Plan will be carried in the anaphylaxis emergency kit which includes an adrenaline autoinjector.

### **Location of Adrenaline Autoinjectors**

Onsite - adrenaline autoinjector(s) is stored in the Admin office at Julia Gillard Community College, 4 Synnot St, Werribee 3030 in the medication pigeon-hole.

Offsite - adrenaline autoinjector(s) are carried in the anaphylaxis emergency kit on all offsite excursions, activities or events.

#### **Principal Responsibilities**

The Principal is responsible for maintaining an up-to-date list of students at risk of anaphylaxis.

The Principal or their nominated supervisor will complete the Annual Risk Management Checklist.

The Principal will determine the number of auto injectors required for general use to purchase and in doing so consider all of the following:

- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school when considering purchasing adrenaline autoinjector(s) for general use.

The Principal will ensure that nominated staff regularly check the adrenaline autoinjector kit including expiry date. Adrenaline autoinjectors have a limited life and usually expire within 12-18 months. They will need to be replaced at the School's expense, either at the time of use or expiry, whichever occurs first.

The adrenaline autoinjector is stored in a known location – currently in the School Admin office at Julia Gillard Community College, 4 Synnot St, Werribee 3030, in the medication pigeon-hole. The Principal, will ensure that this location is known to all staff, including relief staff, and is easily accessible to adults (not locked away) / inaccessible to children / and away from direct sources of heat.

The Principal will ensure that a School adrenaline autoinjector kit, which includes a copy of each ASCIA Action Plan, for each student under-18 at risk of anaphylaxis is carried by a trained adult at the specified locations listed above (NOTE: the student is still required to provide and carry their own adrenaline autoinjector);

The Principal will ensure information is provided to the school community about resources and support for managing allergies and anaphylaxis.

The Principal of the school is responsible for ensuring that the school staff who conduct classes that students who are at risk of anaphylaxis attend, and any further school staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school, are trained in anaphylaxis management. The Principal will ensure appropriate briefing for staff occurs twice a year – minimum each semester.

When a new student enrols at the School who is at risk of anaphylaxis, the Principal will ensure an interim plan is developed through consultation with parents if training or a briefing has not occurred. The Principal is responsible for then ensuring that staff training or a briefing occurs as soon as possible after the interim plan has been developed.

#### Responsibilities – Senior First Aid Officer (nominated Anaphylaxis Supervisor)

The Senior First Aid Officer is the nominated Anaphylaxis Supervisor. This nominee will take a lead role in supporting the Principal, and other staff to implement the School's Anaphylaxis Management Policy and Procedure.

The Senior First Aid Officer will:

• Have current approved anaphylaxis training as outlined in Ministerial Order 706.

- Ensure that in order to verify the correct use of adrenaline autoinjector devices by others, the Senior First Aid Officer will complete and remain current in *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years).
- Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
- Provide access to the adrenaline autoinjector (trainer) device for practice use by staff.
- Provide regular advice and guidance to staff about allergy and anaphylaxis management at the School as required.
- Ensure and support the Principal who will liaise with parents or carers (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- Ensure and support the Principal to liaise with parents or carers (and, where appropriate, the student) regarding relevant medications within the School.
- Liaise with parents or carers (and, where appropriate, the student) regarding relevant medications within the school.
- Lead the twice-yearly Anaphylaxis briefings for staff
- Develop specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment which demonstrate the correct use of the adrenaline autoinjector (training) device.
- Maintain an up to date list of all students with anaphylaxis including a copy of all documentation.

#### **Staff Training**

The following school staff must be trained in accordance with clause 12 of Ministerial Order 706:

- School staff who conduct classes that students who are at risk of anaphylaxis attend; and,
- Any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school.

The Principal will ensure the following School staff are trained:

- all teaching staff who conduct classes attended by students at risk of anaphylaxis;
- administration officers;
- senior first aid officer:
- first aiders:

- Assistant Principal;
- any further school staff the Principal identifies based on an assessment of risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school.

The School will ensure that a Communication Plan is developed providing information to staff and users of the School about the Anaphylaxis Management Policy & Procedure and the Individual Anaphylaxis Management Plan.

Since 17 January 2025 a new online model for anaphylaxis training is available to support Victorian schools to meet their training requirements and to improve schools' capacity to provide safe learning environments for young people with severe allergies.

Staff will be briefed at least twice a year on anaphylaxis in accordance with the Ministerial Order. If for any reason a briefing has not occurred and a student at risk of anaphylaxis is enrolled to attend, the Principal will ensure an interim plan is put in place through discussion with parents and/or the diagnosed student who attends the School.

Any new staff who have not undertaken an anaphylaxis briefing, will be professionally developed and briefed as soon as possible after commencing at the school.

Staff training will occur annually even when the School has no individual with anaphylaxis enrolled.

Staff training must be compliant with Ministerial order 706, and staff must have their competency in using the autoinjector tested in person by the Senior First Aid Officer within 30 days of completing the course.

Staff will complete the ASCIA anaphylaxis e-training for Victorian Schools 2025 at the beginning of the new school year <a href="https://etrainingvic.allergy.org.au">https://etrainingvic.allergy.org.au</a>

Staff will participate in a briefing, minimum twice per calendar year with the first one to be held at the beginning of the school year by a member of staff (usually the senior first aid officer), who has successfully completed an anaphylaxis training course in the 12 months prior;

#### Briefings will include:

- ✓ Legal requirements as outlined in Ministerial Order 706
- ✓ the causes, symptoms and treatment of anaphylaxis
- ✓ the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- ✓ ASCIA Action Plan for Anaphylaxis and how to administer an autoinjector including hands on practice
- ✓ The School's general first aid and emergency response procedures for anaphylaxis

- ✓ the location of, and access to, adrenaline autoinjectors that have been provided by parents/carers or purchased by the School for general use
- ✓ how to access ongoing support and training

The School will balance respect for the privacy of the individual with health needs.

## Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at <a href="www.allergy.org.au">www.allergy.org.au</a>, provides information on allergies. The Anaphylaxis Action Plan for autoinjector can be downloaded from this site.
- Anaphylaxis Australia Inc, at <a href="www.allergyfacts.org.au">www.allergyfacts.org.au</a> is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, help sheets, podcasts and posters are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital Anaphylaxis Support Advisory Line for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The advisory line is available between the hours of 8.30 am to 5 pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235. http://www.rch.org.au/allergy/advisory/Anaphylaxis\_Support\_Advisory\_Line/
- Allergy & Anaphylaxis Australia Australia's only national patient support organisation, dedicated to helping individuals and carers alike in managing allergic disease. Further information is available at: <a href="https://allergyfacts.org.au/about-us/">https://allergyfacts.org.au/about-us/</a>
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device Epipen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: <a href="https://www.epiclub.com.au">www.epiclub.com.au</a>

# **Anaphylaxis Emergency Procedures**

Follow emergency response procedures, general first aid procedures and the student's ASCIA Action Plan for Anaphylaxis

- 1. Lay the person flat do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2. Give autoinjector taking note of time administered
- 3. Phone an ambulance on 000
- 4. Call parent or emergency contact

- 5. Further adrenalin doses may be given if no response after 5 minutes, if another adrenalin autoinjector is available. Use the the School's **General Use** autoinjector.
- 6. Note the time of administration and advise the paramedics when they arrive. Hand the paramedics the used adrenalin autoinjector(s).

# In a situation where a student who has not been diagnosed as allergic, appears to be having an anaphylactic reaction:

- 1. Call an ambulance immediately by dialing **000**;
- 2. Commence first aid measures as per Accident and First Aid Policy & Procedure;
- 3. Contact the parent/carer or an emergency contact
- 4. If in any doubt, give adrenalin autoinjector.

### If an autoinjector has been administered, the School must

- 1. Immediately call an ambulance <u>000</u>.
- 2. Lay the person flat do not allow them to stand or walk. If breathing is difficult allow them to sit. If vomiting or unconscious, lay them on their side (recovery position) and clear their airway for obstruction.
- 3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School staff to move other students away in a calm manner and reassure them.
- 4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses can be administered every five minutes, if other adrenaline auto injectors are available (such as the adrenaline auto injector for general use).
- 5. Then call the student's emergency contacts.

Commence CPR at any time if person is unresponsive and not breathing normally.

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

When using a standard phone call  $\underline{000}$  (triple zero). If calling from a mobile phone which is out of range call  $\underline{112}$ .

#### **Post Incident Action**

# It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

1. Completion of an Incident/Accident Report form including full details of the event and what occurred;

- 2. Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to the School;
- 3. Debrief with students directly involved as witnesses to the event;
- 4. Debrief of staff involved;
- 5. Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- 6. The Principal to discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future;
- 7. The Principal and Senior First Aid Officer to review the student's Individual Anaphylaxis Management Plan;
- 8. Implement updated annual risk Management Checklist (where applicable).

### INDIVIDUAL ENROLMENT ANAPHYLAXIS CHECKLIST

(to be completed at the Pre Training Assessment with student and parent/ carers)

☐ An Individual Anaphylaxis Management Plan is completed
☐ Parents/carers of an individual under 18, at risk of anaphylaxis have been
provided a copy of the School's Anaphylaxis Management Policy & Procedure
☐ A current ASCIA Action Plan for Anaphylaxis for the individual with a curren
photo and signed by a Medical Practitioner is provided to the School.
☐ Parent/carers agree to provide an adrenaline autoinjector that is current carried
by the student at all times while at the School
☐ Parent/carers of a young person under 18 enrolled at the School current contact
details are available
☐ Information regarding any other medications or medical conditions (for
example asthma) is available to staff
Communication
This Policy is available on the School website, Sentral and hard copies can be obtained
from the School Reception.

### **Related Documents**

**Legislation**: Ministerial Order 706: Anaphylaxis Management in Victorian schools and Victorian boarding premises, Education and Training Reform Act 2006 (Vic), Education and Training Reform Regulations 2017, Occupational Health and Safety Act 2004 (Vic), Children, Youth and Families Act 2005 (Vic), Health Records Act 2001 (Vic), Privacy Act 1988 (Cth), Privacy and Data Protection Act 2014 (Vic), Child Wellbeing And Safety Act 2005 (Vic).

<u>Policies</u>: School Accident and First Aid Policy & Procedure, Privacy Policy & Procedure, School Duty of Care Policy & Procedure, Critical Incident & Emergency Management Policy & Procedure, School Excursions Policy & Procedure, School Record Management Policy & Procedure, Child Safety and Wellbeing Policy & Procedure.

Other: Individual Anaphylaxis Management Plan, Australasian Society of Clinical ASCIA Action plan, Annual Risk Management Checklist, Anaphylaxis Communication Matrix, Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian Schools (DET- January 2023), Emergency Response Plan for Anaphylaxis, Enrolment Form, Medical Information Register, Excursion forms-medical information, Accident, Injury and Illness Report Form, Medication Administration Log, Medication Authority Form, Student Enrolment Form, Anaphylaxis First Aid Posters, ASCIA Australian Society of Clinical Immunology and Allergy <a href="https://www.allergy.org.au/schools-childcare">https://www.allergy.org.au/schools-childcare</a>, ASCIA Action Plans FAQs

https://www.allergy.org.au/images/pcc/ASCIA\_PCC\_Action\_Plan\_FAQs\_2023.pdf ASCIA Actions and First Aid Plans for Anaphylaxis:

https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis General use adrenaline(epinephrine) autoinjector/s

**Training Resources:** Anaphylaxis Management: School Checklist for Anaphylaxis Supervisor, Facilitator guide for anaphylaxis management briefing, Anaphylaxis management briefing presentation, ASCIA anaphylaxis e-training for Victorian Schools https://etrainingvic.allergy.org.au,

DE Anaphylaxis- School Operations

https://www2.education.vic.gov.au/pal/anaphylaxis/resources

ASCIA guidelines: Schooling & childcare DE: Anaphylaxis management in schools,