



# ANAPHYLAXIS POLICY

## 1.0 Purpose

The purpose of this policy is to:

- Ensure that Shelford Girls' Grammar (SGG) fully complies with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Training (DET) from time to time;
- Minimise the risk of an anaphylactic reaction occurring while children are in the care of SGG;
- Ensure that staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device; and
- Raise awareness of anaphylaxis and its management through education and policy implementation.

## 2.0 Scope

This policy applies to all staff, students, volunteers, parents/guardians, and other visitors within the Senior School, Junior School (the 'School'), ELC and EDC (the 'Centre'). This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at SGG.

## 3.0 Policy

In the management of anaphylaxis, Shelford Girls' Grammar (SGG) will fully comply with Ministerial Order 706 and the associated guidelines published and amended by DET from time to time. The key to prevention of anaphylaxis is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and the prevention of exposure to these triggers. SGG will:

- Provide, as far is reasonably practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling;
- Raise awareness about anaphylaxis and SGG's Anaphylaxis Policy in the school community;
- Engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student; and
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and SGG's policy and procedures in responding to an anaphylactic reaction.

## 4.0 Procedure

### 4.1 Responsibilities

SGG considers the management of students at risk of anaphylaxis is a shared responsibility of parents/guardians and SGG. Specific responsibilities are outlined below.

#### 4.1.1 Responsibilities of Principal

- Be aware of the requirements of MO706 and the associated guidelines published by the DET.

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- Nominate at least two school staff for the role of School Anaphylaxis Supervisor and ensure they are appropriately trained.
- Ensure staff complete the ASCIA Anaphylaxis E-training for Victorian Schools (every 2 years), which includes formal verification of being able to use adrenaline autoinjector devices correctly.
- Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.
- Ensure that twice-yearly Anaphylaxis School Briefings (Refer SGG-TRA-010-1) are held and led by a School Anaphylaxis Supervisor.
- Ensure the Anaphylaxis Policy is current and accurate, and available to relevant parties.
- Seek information to identify students at risk of anaphylaxis.

#### 4.1.2 Responsibilities of School Anaphylaxis Supervisor

- Must have current approved anaphylaxis training.
- Post transition to the online learning model, ensure they have currency in the 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).
- Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis E-training for Victorian Schools.
- Send reminders to staff or information to new staff about anaphylaxis training requirements.
- Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.
- Provide advice and guidance to school staff about anaphylaxis management in the school as required.
- Liaise with parents/guardians to manage and implement Individual Anaphylaxis Management Plans and medications within the Junior and Senior School. (Refer SGG-FOR-010-1)
- Lead the twice-yearly Anaphylaxis School Briefing. (Refer SGG-TRA-010-1)
- Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment that include:
  - a bee sting occurs on SGG grounds and the student is conscious
  - an allergic reaction where the child has collapsed on SGG grounds and the student is not conscious.

#### 4.1.3 Responsibilities of the Head of Junior and Senior School

- Identify all students within Junior and Senior School at risk of anaphylaxis.
- Liaise with the School Anaphylaxis Supervisor, to ensure an Individual Anaphylaxis Management Plan (SGG-FOR-010-1) is developed, in consultation with the student's parents, for every student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The plan should be reviewed in consultation with the parents/guardians annually or if circumstances change. (Refer SGG-FOR-010-1).
- Meet with parents/guardians to address any concerns and to gather further information if required.
- Assess risk assessments prior to approval of camps and excursions, or special events to ensure risk minimisation for students at risk of anaphylaxis.

#### 4.1.4 Responsibilities of Approved Care Provider and Head of ELC (ELC and EDC)

- Ensure the SGG Anaphylaxis Policy is developed and displayed, and reviewed regularly.
- Provide approved anaphylaxis management training, first aid training and asthma management training to staff as required under the National Regulations.
- Ensure that at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the ELC and EDC (the Centre) is in operation.

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- Ensure the Nominated Supervisor, educators, staff members, students and volunteers, parents/guardians and others are provided with a copy of the Anaphylaxis Policy and the Dealing with Medical Conditions Policy.
- Ensure that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and that participation is documented.
- Ensure that parents/guardians provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency, (including for excursions outside the Centre's premises) and that this authorisation is kept in the enrolment records for each child.
- Display a notice prominently at the Centre stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the Centre.
- Identify children with anaphylaxis during the enrolment process, inform staff and complete the Enrolment Checklist for Children Diagnosed at Risk of Anaphylaxis (refer to SGG-FOR-10-5) (to be kept with the students enrolment record.)
- Ensure an Individual Anaphylaxis Management Plan (including a risk management and communication plan) (SGG-FOR-10-1) is developed for each child who has been diagnosed at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner.
- Ensure that all children diagnosed as at risk of anaphylaxis have details of their allergy, their Individual Anaphylaxis Management Plan and ASCIA Action Plan filed with their enrolment record within Synergetic and CareMonkey.
- Ensure a medication record is kept for each child to who medication is to be administered by the Centre.
- Ensure parents/guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the Centre. Where this is not provided, children will be unable to attend.
- Ensure all staff are aware of the first aid response within this policy.
- Ensure adequate provision and maintenance of adrenaline auto-injector kits.
- Ensure the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required.
- Ensure staff dispose of used adrenaline auto-injection devices appropriately.
- Implement a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Ensure that children with anaphylaxis are not discriminated against in any way.
- Ensure that medication is not administered to a child at the Centre unless it has been authorised and administered in accordance with Regulations (Refer to Administration of Medication Policy and Dealing with Medical Conditions Policy).
- Ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee.
- Ensure that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- Respond to complaints and notifying DET in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
- Displaying the ASCIA generic poster Action Plan for Anaphylaxis in key locations at the service. (refer to SGG-FOR-10-4).
- Displaying Ambulance Victoria's *AV How to Call Card* near all Centre telephones.

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- Complying with the risk minimisation procedures outlined in this policy.
- Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the Centre carry a fully equipped adrenaline auto-injector kit and a copy of the ASCIA Action Plan for each child diagnosed as at risk of anaphylaxis.
- Ensuring that all staff, including casual and relief staff, volunteers and student teachers are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans;
- Providing information to the Centre community about resources and support for managing allergies and anaphylaxis

#### 4.1.5 Responsibilities of Staff Responsible for the Care of Students at Risk (including Certified Supervisors)

- Maintain current approved anaphylaxis management qualifications.
- Read and comply with the Anaphylaxis Policy and the Dealing with Medical Conditions Policy (ELC and EDC).
- Post transition to the new online training model, complete the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years) and be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.
- Attend staff briefings twice a year including practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and ‘anaphylaxis scenarios’.
- Ensure they are aware of the procedures for first aid treatment for anaphylaxis.
- Know which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans
- Be able to immediately locate the student’s ASCIA Action Plan (either hardcopy or through CareMonkey) and be able to follow the plan in the event of an allergic reaction.
- Be able to store or locate the child’s autoinjectors.
- Taking the adrenaline auto-injector kit for each child at risk of anaphylaxis on excursions or to other offsite events and activities.
- Raise student awareness of allergies and anaphylaxis.
- Consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns.
- Ensure that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.
- Consider risk minimisation strategies for students at risk of anaphylaxis when developing risk assessments for camps and excursions.
- Follow risk minimisation strategies as outlined in within this policy.

#### 4.1.6 Responsibilities of Parents/Guardians

- Inform SGG at enrolment or diagnosis of the student’s allergies and risk of anaphylaxis.
- Complete all details on the child’s enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside SGG premises.
- Provide a completed ASCIA Action Plan (available at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>) which must be up to date prior to the commencement of the first day of the School or Centre. Plans must be signed by the student’s medical practitioner and must be made available on CareMonkey and include written consent to use medication prescribed in line with the action plan.

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- Provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed.
- Meet with and assist the School or Centre to develop the student's Individual Anaphylaxis Management Plan including risk management and communication strategies.
- Inform the School or Centre in writing if their child's medical condition changes and if relevant provide a revised ASCIA Action Plan.
- Ensure all contact and emergency details are current on CareMonkey including when providing consent for camps, excursions or special events.
- Provide an autoinjector or any other medications that are unused, current (the date has not expired) and complete to the School or Centre.
- Replace autoinjectors or medications prior to their expiry.
- Supply an alternative food option for their child when required.
- Assisting staff by providing information and answering questions regarding their child's allergies
- Communicating all relevant information and concerns to staff, particularly in relation to the health of their child.
- Comply with SGG's Anaphylaxis Policy where a child who has been prescribed an adrenaline auto-injection device is not permitted to attend SGG without that device
- Complying with the risk minimisation procedures as outlined in this Policy.
- Ensure they are aware of the procedures for first aid treatment for anaphylaxis outlined in this Policy.

#### 4.1.7 Responsibilities of the Nominated First Aid Officer

- Maintain a register of all students at risk of anaphylaxis on CareMonkey and Synergetic.
- Meet with parents when appropriate to gather information and discuss any concerns.
- Display ASCIA Action Plans near First Aid Facilities eg. First Aid Room, Staffrooms.
- Ensure all School supplied autoinjectors are stored correctly and are not out of date or cloudy.
- In the event of an allergic reaction, follow the individual ASCIA Action Plan, call an ambulance and contact relevant people.
- Ensure that an injury report form is completed in the event of an allergic reaction and that the student's ASCIA Action Plan and Individual Anaphylaxis Management Plan is reviewed with the parents/guardians after an anaphylactic incident.
- Purchase back up adrenaline auto injectors for general use within the school.
- Store training auto injectors separately to back up auto injectors.
- Complete an Annual Risk Management Checklist (as the Principal's nominee). (Refer SGG-FOR-010-2).

#### 4.2 Staff Training – Junior School, Senior School and Administration

The following school staff will be appropriately trained:

- SGG staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any other SGG staff as determined by the principal to attend.

SGG staff must complete the following training to meet the anaphylaxis training requirements of MO706:

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Completed by	Course	Provider	Cost	Valid for
All School Staff	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
2 Staff Per School – School Anaphylaxis Supervisor	Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Verified by External Provider (eg Asthma Foundation.)		3 years

The principal is to nominate 2 staff members to be the School Anaphylaxis Supervisors. The School Anaphylaxis Supervisors are to complete the Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC every 3 years and the ASCIA Anaphylaxis e-training for Victorian Schools every 2 years.

All staff are to complete ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor using the SGG Anaphylaxis School Supervisors Competency Checklist. (SGG-FOR-010-3).

While transitioning to the new online training requirements staff will continue to hold Course in First Aid Management of Anaphylaxis 22300VIC (previously 22099VIC, including VU20296 and VU20297) as the need is determined by the Principal.

In addition to the online training all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- the school's Anaphylaxis Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, risk minimisation strategies and where their medication is located;
- how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector device;
- the school's general first aid and emergency response procedures; and
- the location of, and access to, adrenaline autoinjector(s) that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.

The Department of Education twice yearly briefing presentation template is to be amended by the School Anaphylaxis Supervisor and is to be used for SGG staff briefings in addition to referencing the facilitator notes. (Refer <http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>) and SGG Anaphylaxis Twice Yearly Briefing Template (SGG-TRA-010-1) and SGG Anaphylaxis Facilitator Notes. (SGG-TRA-010-2).

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

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The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

#### 4.3 Staff Training – ELC and EDC

ELC and EDC staff must completed anaphylaxis management training including recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and practise in the administration of treatment using an adrenaline auto-injection device. Approved training is listed on the ACECQA website. <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>.

In addition Centre staff should practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and that participation should be documented on the staff record. For the purposes of this practice, Centre staff may attend the briefing sessions conducted by the School Anaphylaxis Supervisor.

#### 4.4 Individual Anaphylaxis Management Plans

The principal, and Head and Junior and Senior Schools, and Head of ELC will ensure that an Individual Anaphylaxis Management Plan (SGG-FOR-10-1) is developed, in consultation with the student's parents/guardian for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school or at the Centre.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a medical practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of SGG staff, while on SGG premises or external to SGG premises such as at camps and excursions, or at special events conducted, organised or attended by the school;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan for Anaphylaxis. (Refer <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>).

SGG staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/guardians in all of the following circumstances:

- annually or upon re-enrolment;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes;
- as soon as practicable after the student has an anaphylactic reaction at school or the Centre; or
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school.

In addition to Individual Anaphylaxis Management Plans the Head of ELC is also to complete an Enrolment Checklist for Children Diagnosed at Risk of Anaphylaxis. (Refer to SGG-FOR-10-5).

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## 4.5 Prevention and Risk Minimisation Strategies

SGG will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- During classroom activities – Junior School, Senior School, ELC and EDC
- In the Hood Cafeteria
- In school and centre grounds
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps and overseas travel.

<b>4.5.1 During Classroom Activities – Junior and Senior School</b>	
1	Copy of the student's Action Plan kept in the classroom.
2	Liaison with parents about food-related activities ahead of time.
3	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box.
4	Never give food from outside sources to a students who is at risk of anaphylaxis.
5	Treats from other students in class should not contain the substances to which the student is allergic.
6	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy.
7	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes.
8	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
10	The Head of Junior or Senior School/ Head of ELC should inform relief teachers, specialists, teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and ASCIA Action Plan and EpiPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident.

<b>4.5.2 During Classroom Activities – ELC and EDC</b>	
1	The child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child.
2	Ensure there is no food sharing, or sharing of food utensils or containers at the Centre.
3	Where the Centre is preparing food for the child: - ensure that it has been prepared according to the instructions of parents/guardians - parents/guardians are to check and approve the instructions in accordance with the Individual Anaphylaxis Management Plan.
4	Bottles and lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name.
5	Consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
6	Provide an individual high chair for very young children to minimise the risk of cross-contamination of food.
7	Where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children.
8	Provide appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other Centre events.
9	Children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the Centre.
10	Ensure tables, high chairs and bench tops are thoroughly cleaned after every use.
11	All children and adults wash hands regularly. (Eg. Before and after eating).

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12	Supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the Centre with food.
13	Do not use food of any kind as a reward at the Centre
14	Ensure that children's Individual Anaphylaxis Management Plan inform the Centre's food purchases and menu planning.
15	Ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils.
16	Request that all parents/guardians avoid bringing food to the Centre that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis.

#### 4.5.3 Hood Cafeteria

1	The Hood staff to be trained in food allergen management and its implications on food handling practices.
2	Hood staff are briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management Training Course.
3	Action Plans displayed in the Hood administration area as a reminder to staff.
4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5	The Hood provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list.
6	Tables and surfaces are wiped down regularly.
7	No-sharing of food approach is adopted.
8	Awareness of contamination of other foods when preparing, handling or displaying food.

#### 4.5.4 In School and Centre Grounds

1	Sufficient supervision of students who are at risk of anaphylaxis by a staff member who is trained in the administration of EpiPens.
2	EpiPens and Action Plans are easily accessible from the grounds.
3	A communication plan is in place for Staff on Yard Duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Co-ordinator by phone if an anaphylactic reaction occurs during recess or lunch time.
4	Staff on duty can identify those student's at risk of anaphylaxis.
5	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
6	Lawns are regularly mowed and bins are covered.
7	Students are to keep drinks and food covered while outdoors.

#### 4.5.5 Special Events

1	Sufficient staff who have been trained in the administration of an Epi-Pen are supervising students.
2	Avoid using food in activities or games.
3	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk.
4	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event.
5	Party balloons are not to be used if a student is allergic to latex.

#### 4.5.6 Camps and Excursions – General

1	Risk Assessment must be completed by teacher in charge prior to sending out parent consent forms on CareMonkey.
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2	Review of Individual Anaphylaxis Management Plans in view of conducting Risk Assessment.
3	Teacher in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required)
4	Staff trained in administering an EpiPen are to attend.
5	Communication methods considered as part of Risk Assessment.
6	Risk Assessment includes identifying the location of the EpiPen ie. Who will carry it, how will it be delivered to the student.
7	Individual Anaphylaxis Management Plans and EpiPens are to be easily accessible and staff must be aware of their location.
8	Teacher in charge syncs and Action Plans prior to departure to ensure it is up to date on CareMonkey and accessible during the camp or excursion.

#### 4.5.7 Camps and Excursions – Additional Controls for Camps and Remote Settings

1	SGG attempts to only use providers/operator services who can provide food that is safe for anaphylactic students.
2	SGG will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis.
3	The use of substances containing allergens should be avoided where possible.
4	The Student's EpiPen and Action Plan must be taken on camp and a mobile phone. If there is no mobile phone access, alternative methods eg. Satellite phone will be considered. EpiPens should remain close to the students and staff must be aware of its location at all times.
5	Students with anaphylactic responses to insects should wear closed shoes and long-sleeve garments when outdoors and are encouraged to stay away from water and flowering plants.
6	General use EpiPens are included in camp first aid kits.
7	Consider exposure to allergens when consuming food during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.
8	Cooking and art and craft games should not involve the use of known allergens.

#### 4.5.8 Overseas Travel

1	Strategies used are similar to those for camps and remote settings.
2	Risk assessment considers potential risks at all stages of the overseas travel including but not limited to; <ul style="list-style-type: none"> <li>• Travel to/from airport/port;</li> <li>• Travel to/from Australia;</li> <li>• Various accommodation venues;</li> <li>• All towns and venues visited;</li> <li>• Sourcing safe food;</li> <li>• Risk of cross contamination including;</li> <li>• Exposure to food of other students;</li> <li>• Hidden allergens;</li> <li>• Whether the table and surfaces are cleaned to prevent reaction;</li> <li>• Whether the other students wash their hands when handling food.</li> </ul>
3	Assess where each of these risks can be managed using minimisation strategies such as the following; <ul style="list-style-type: none"> <li>• Translation of student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;</li> <li>• Sourcing safe food;</li> <li>• Obtaining names, address and contact details of the nearest hospital and medical;</li> <li>• Practitioners at each location that may be visited;</li> <li>• Obtaining emergency contact details;</li> <li>• Sourcing the ability to purchase additional EpiPens.</li> </ul>

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4	Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5	Plan for appropriate supervision of students at risk of anaphylaxis at all times including; <ul style="list-style-type: none"> <li>• Sufficient staff who have been trained in Anaphylaxis Management;</li> <li>• Supervision of at risk students during meal times and when taking medication;</li> <li>• Adequate supervision of any affected student(s) requiring medical treatment and other students;</li> <li>• Staff/students ratios are maintained, including in the event of an emergency where students may need to be separated.</li> </ul>
6	Adapt the School's Emergency Response if required given local circumstances and include in Risk Assessment.
7	Keep records of relevant information; <ul style="list-style-type: none"> <li>• Dates of travel;</li> <li>• Name of airline and contact details;</li> <li>• Itinerary detailing proposed destinations, flight information and duration of stay;</li> <li>• Hotel addresses and telephone numbers;</li> <li>• Proposed means of travel within the overseas country;</li> <li>• List of students and each of their medical conditions, medication and other treatment(s) if required;</li> <li>• Emergency contact details of hospitals, ambulances and medical practitioners;</li> <li>• Travel insurance details;</li> <li>• Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan;</li> <li>• Mobile phone numbers or other communication devices that will enable staff to contact emergency services.</li> </ul>

## 4.6 School and Centre Management and Emergency Response

In the event of an anaphylactic reaction the following response is to be implemented in line with SGG First Aid Policy and SGG Emergency Management Plan and ASCIA recommendations.

4.6.1 Emergency Response	
1	Lay the student flat and elevate their legs. Do not allow them to stand or walk. If breathing is difficult for them, allow to sit but not stand.
2	Administer the EpiPen adrenaline autoinjector.
3	Immediately call an ambulance 000.
4	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.
5	Watch the student closely in case of a worsening condition.
6	Ask another staff member to move other students away and reassure them elsewhere.
7	Contact the student's emergency contacts.
8	In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, if a second EpiPen is available.
9	Notify the principal, head of junior or senior school or Head of ELC of the incident and complete an injury report.
10	Enact the school's emergency and critical incident management plan.

After an anaphylactic reaction has taken place that has involved a student in SGG's care and supervision, it is important that the following review processes take place.

- The Adrenaline Autoinjector must be replaced by the Parent/Guardian as soon as possible.
- In the meantime, the Head of Junior or Senior School or Head of ELC should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.

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- If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
- In the meantime, the Head of Junior or Senior School or Head of ELC should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parent/Guardian.
- SGG's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of SGG staff.

#### 4.6.2 Listing of students with Potential for Anaphylactic Reactions.

The following information is available in Synergetic and CareMonkey:

- 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; and

Original Individual Anaphylaxis Management Plans are located in the First Aid Office in Helenslea and within the ELC and EDC.

For camps, excursions or special events it is the responsibility of the SGG teacher in charge of the camp , excursion or special event to ensure that:

- All relevant medical information is synced within CareMonkey prior to the camp or excursion;
- Hardcopies of ASCIA Action Plans are available;
- Medicines and equipment identified in the risk assessment are available; and
- All supervisors and staff members are familiar with those students at risk of anaphylaxis and location of medicines and equipment.

#### 4.6.3 Action Plan and EpiPen Locations

Location	Action Plan Location	EpiPen Location
ELC and EDC	Classroom Staffroom	Classroom
Junior School Classroom	Classroom First Aid Room Staffroom	Classroom teacher General Use in First Aid Room
Senior School Classroom	First Aid Room Staffroom	With student General Use in First Aid Room
School Grounds	CareMonkey	With student General Use in First Aid Room
IRC	IRC	With classroom teacher (Junior School) With student (Senior School) General Use in IRC
Hall/Music and Hood Cafeteria	Cafeteria administration area Music Office	General Use with Cafeteria First Aid Kit General Use in Hall/Music office
Sports Grounds	Pavilion Staff Area CareMonkey	With Classroom teacher (Junior School) With Student (Senior School) General Use with Pavilion First Aid Kit
Excursions, School Camps and Special Events.	CareMonkey Hardcopy with Teacher in Charge	With Teacher in Charge General Use with Portable First Aid Kit

It is recommended that:

- Adrenaline Autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;

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- Adrenaline Autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- Each Adrenaline Autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan;
- An Adrenaline Autoinjector for General Use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

#### 4.7 Purchase of Adrenaline Autoinjectors for General Use

The Principal and Head of ELC will purchase Adrenaline Autoinjector(s) for General Use as a back up to those supplied by parents/ carers, as required.

The Principal and Head of ELC will determine the number of additional adrenaline autoinjector(s) required through completion of the annual Risk Management Checklist (SGG-FOR-10-2). In doing so, the Principal or Head of ELC will take into account the following relevant considerations:

- The number of students enrolled at the School or Centre who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of adrenaline autoinjectors that have been provided by parents/guardians of students who have been diagnosed as being at risk of anaphylaxis; and
- The availability and 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 or organised by the school.

Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at SGGs expense, either at the time of use or expiry, whichever is first.

#### 4.8 Communication Plan

The Principal and Head of ELC are responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and students at risk. (Refer SGG Anaphylaxis Communication Plan SGG-FOR-010-4). A copy of each student's ASCIA Action Plan will be displayed in staffrooms, in the First Aid Room, in Junior School classrooms, in the ELC and EDC classrooms, in the Pavilion staff area and the Hood Cafeteria. In addition, a student's ASCIA Action Plan may be electronically accessed using CareMonkey, which contains medical information and relevant plans for each SGG student. ASCIA Action Plans are kept by the First Aid Officer and Head of ELC who will inform all staff, each semester, about students who have ASCIA Action Plans. Casual relief teachers will be briefed by the relevant Head of Junior or Senior School, or Head of ELC if teaching a student at risk of anaphylaxis. Volunteers will be informed of students at risk of anaphylaxis by the relevant SGG teacher supervising the volunteer.

It is the responsibility of the Principal and Head of ELC to ensure that relevant staff are:

- trained
- briefed at least twice per calendar year.

In addition to above, the Head of ELC may organise anaphylaxis management information sessions for parents/guardians of children enrolled at the Centre, where appropriate.

#### 4.9 Annual Risk Management Checklist

The Principal (or their nominee) will complete one annual Risk Management Checklist (Refer SGG Annual Risk Management Checklist SGG-FOR-010-2) for the Junior and Senior School. The Head of ELC will

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complete one annual Risk Management Checklist for the ELC and EDC. The checklist is as published by the Department of Education and Early Childhood Development to monitor compliance with obligations. Refer to <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>.

## 5.0 References

- Ministerial Order 706
- Education and Training Reform Act 2006
- DET Anaphylaxis Guidelines  
<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004 (Vic), as amended 2007
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

## 6.0 Related Documentation

- Individual Anaphylaxis Management Plan (SGG-FOR-010-1)
- Annual Risk Management Checklist (SGG-FOR-010-2)
- Anaphylaxis Twice Yearly School Briefing Template (SGG-TRA-010-1)
- Anaphylaxis Facilitator Notes (SGG-TRA-010-2)
- Anaphylaxis School Supervisors Competency Checklist (SGG-FOR-010-3)
- Anaphylaxis Communication Plan. (SGG-FOR-010-4)
- Enrolment Checklist for Children at Risk of Anaphylaxis – ELC and EDC (SGG-FOR-10-5)
- SGG First Aid Policy
- SGG Induction and Professional Development Policy
- SGG Emergency Management Plan
- SGG Administration of Medication Policy
- SGG Dealing with Medical Conditions Policy
- SGG Enrolment Policy
- SGG Camps, Excursions and Events Policy
- SGG Food Safety Policy
- SGG Hazard, Incident, Injury and Illness Reporting Policy
- SGG Privacy Policy

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