

Christ Holy Redeemer Primary School

Anaphylaxis Procedures



Melbourne Archdiocese
Catholic Schools



1. Introduction

Christ Holy Redeemer Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

2. Purpose

This procedure ensures that, as far as practicable, a safe and supportive environment is provided where students at risk of anaphylaxis are provided with reasonable adjustments to participate in school programs and activities in compliance with Ministerial Order 706.

3. Scope

This procedure applies at Christ Holy Redeemer Primary School.

This procedure applies to:

- staff, including volunteers and casual relief staff.
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction.
- the Parent (a person who has parental responsibility for a child, including a biological parent or another person who has been granted parental responsibility by a court order. The term is also used to refer to carers where permanent care, foster care or kinship arrangements are in place) of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

4. Communication with Parents

- 4.1. The Principal engages with the Parent of students who are at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The Principal will also take reasonable steps to ensure each staff member has adequate knowledge of allergies, anaphylaxis, and the school's expectations in responding to anaphylactic reaction.
- 4.2. The Principal requires that the Parent provides up to date medical information and an updated Individual Action Plan ([ASCIA Action Plan for Anaphylaxis](#)) signed by the treating medical practitioner together with:
 - a recent photo of their child and
 - any medications and auto-injectors referenced in the plan and recommended for administration.
- 4.3. The Parent is requested to provide this information:
 - annually
 - prior to camps and excursions
 - if the child has an anaphylaxis reaction at school, and
 - if the child's medical condition changes since the information was provided.
- 4.4. The Principal's nominee is to engage with the Parent where updated documentation or medication is required in line with the school's communication plan.
- 4.5. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.

5. Individual anaphylaxis management plans (IAMP)

- 5.1. The Principal is responsible for ensuring that all students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergies and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's Parent.
- 5.2. The school requires the IAMP to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. If for any reason training and a briefing has not yet occurred, an interim management plan, developed in consultation with the Parent, will be put into place for a student who is diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. The IAMP will comply with Ministerial Order 706 and record:
 - student allergies
 - locally relevant risk minimisation and prevention strategies
 - names of people responsible for implementing risk minimisation and prevention strategies
 - storage of medication
 - student emergency contact details
 - student ASCIA Action Plans.
- 5.3. The student's IAMP will be reviewed by the Principal or nominated staff member, in consultation with the student's Parent, in all the following circumstances:
 - annually
 - if the student's medical condition changes as it relates to allergy and the potential for anaphylactic reaction.
 - as soon as practicable after the student has an anaphylactic reaction at school.
 - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

Refer to the [Individual Anaphylaxis Management Plan Template](#)

Refer to the Supporting documents section for the ASCIA Action Plan for Anaphylaxis to apply for each student diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction

6. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

- 6.1. Deputy Principal maintains an up-to-date register of students at risk of anaphylactic reaction as nominated by the Principal.
- 6.2. Deputy Principal communicates to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised or attended by the school.
Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.
 - Plans and auto injector pens are located in the clearly marked cupboard in First Aid Room. General use auto injector pens are located in Yard duty bum bags and excursion bum bags.
 - For camps and excursions the container for each child is placed in the First Aid box or bag and their name is highlighted on the attached list.

Refer to [Off-site Risk Management Checklist for Schools](#)

7. Risk minimisation and prevention strategies

Refer to [Risk Minimisation Strategies for MACS schools](#)

The Principal ensures 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:

Learning Areas/Classrooms

A copy of each student's Individual Anaphylaxis Management Plan (IAMP) is easily accessible kept in the First Aid Room – on the wall, in the First Aid Room in the Anaphylaxis Folder, in the First Aid Room in with the child's epipen in the cupboard, in the CRT Yellow folder in their classroom. Where food-related activities are planned, staff liaise with parents/carers ahead of time.

Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.

Staff do not provide food items from external sources to students who are at risk of anaphylaxis

Lunch box items/treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as treats.

Products labelled as containing specific allergens known to impact students such as may contain traces of nuts, should not be served to students allergic to nuts. Products labelled may contain milk or egg, should not be served to students with milk or egg allergy.

Staff are to be aware of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes including packaging e.g., peanut butter containers, egg containers.

All cooking utensils, preparation dishes, plates, knives and forks are to be washed and cleaned thoroughly after preparation of food and cooking.

The school acknowledges that children with food allergies need special care when cooking or undertaking food technology. School staff liaise with parents/ carers prior to the student undertaking these activities/subjects. The resources available to support decision making processes noting that helpful information are utilised and available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf

Regular discussions with students occur about the importance of washing hands, eating their own food and not sharing food.

The Deputy Principal informs emergency 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 adrenaline autoinjector, the School's Anaphylaxis Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.

School Grounds

The principal regularly reviews plans to ensure that sufficient school staff trained in the administering adrenaline autoinjectors are on yard duty and be able to access the autoinjector and respond quickly to an allergic reaction if needed.

The principal reviews processes to ensure that adrenaline autoinjectors and Individual Anaphylaxis Plans are easily accessible from the school grounds.

An emergency response procedure and communication plan is in place for staff on Yard Duty so medical information can be retrieved quickly if an allergic reaction occurs in the yard. All staff will be aware of the school process for seeking support (notify the general office/first aid team) if an anaphylactic reaction occurs during recess or lunchtime.

Yard Duty bags include an epipen, walkie talkie, asthma puffer and photos of the children at risk of allergic reaction.

Staff on duty can identify by face those students at risk of anaphylaxis.

Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.

The principal ensures lawns are regularly mowed and bins are covered.

Students keep drinks and food covered while outdoors.

Special Events (e.g., sporting events, incursions, class parties, etc)

The principal ensures that sufficient staff, who have been trained in administering an adrenaline autoinjector, are supervising students to be able to respond quickly to an anaphylactic reaction if required.

Staff avoid using food in activities or games or as rewards.

The principal consults with parents/carers in advance of planned special events to either develop an alternative food menu or request the parent/guardian/carer to send a meal for the student/s at risk.

Parents/carers of other students are informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats containing known allergens whilst they are at a special school event.

Party balloons are not to be used if a student has an allergy to latex.

Where students from other schools are participating in a school event, staff consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. In this instance, staff seek agreement on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis are required to bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings/Excursions/Camps/Tours

The principal determines which of the strategies set out below apply in the specific context for the out-of-school setting involved in the planned activity. The strategies that are appropriate will be determined by factors such as the age and independence of the student, the facilities and activities available, and the general environment. Not all strategies will be relevant for each school activity.

Field trips/excursions/sporting events

The principal undertakes a risk assessment for each individual student attending. If a student/s at risk of anaphylaxis is attending, sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.

A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector attends field trips or excursions.

School staff and venue staff should avoid using food in activities or games, including as rewards.

The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis is to be easily accessible and school staff must be aware of their exact location.

For each field trip, excursion etc., a risk assessment is to be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion will be made aware of the identity of any students attending who are at risk of anaphylaxis and are able to identify them by face.

Staff 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/guardian/carer provide a meal (if required).

In rare cases where the school deems it necessary, parents/carers may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents/carers as one possible strategy for supporting the student who is at risk of anaphylaxis

Prior to the excursion taking place, the principal or nominated staff member will consult with the student's parents/carers and medical practitioners (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the excursion activity.

If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps or remote settings

Prior to engaging a camp owner/operator's services, the principal or nominated staff member will make enquiries as to whether the operator can provide food that is safe for any anaphylactic students who may be attending. If a camp owner/operator/camp cook cannot provide this confirmation in writing to the school, the principal or nominated staff member will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Where this attestation is not provided in writing, then the school will strongly consider using an alternative service provider as a reasonable step in discharging its duty of care to the student/s at risk of anaphylaxis due to food allergens.

The principal or nominated staff member conducts a risk assessment and develops a risk management strategy for any student/s at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.

School staff consult with the parents/carers of students at risk of anaphylaxis and where appropriate, the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will be undertaken in order for the school to adequately discharge its non-delegable duty of care.

If school staff has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they raise these concerns with the camp owner/operator and consider alternative means for providing food for those student/s at risk of anaphylaxis.

The use of substances containing known allergens should be avoided where possible.

Prior to the camp taking place, school staff should consult with the student's parents/carers to review the Individual Anaphylaxis Management Plan/s to ensure that it is up to date and relevant to the circumstances of the camp. Schools are to seek support from parents/carers to advise students with allergies to insects to wear closed shoes and long-sleeved garments when outdoors and encourage them to stay away from water or flowering plants.

The principal or nominated staff member ensures that the student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone are taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone. All staff attending the camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans and plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

The principal or nominated staff member conducts a risk assessment prior to excursions/school camps which will include contact with local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be available for school staff as part of the emergency response procedures developed for the camp. Camp activities will be reviewed to avoid activities that use known allergens (cooking, craft etc).

Adrenaline autoinjectors should remain close to the students and staff must be always aware of its location.

General use Adrenaline autoinjectors will be included in camp first aid kits as a back-up device in the event of an emergency.

Staff consider exposure to allergens when students are consuming food during travel on bus/plane and whilst in cabins/tents/dormitories.

Our school does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the Department of Education (DE) or the Royal Children's Hospital as it can create complacency amongst staff and students, and it cannot eliminate the presence of all allergens.

However, the school avoids the use of nut-based products in all school activities, requests that the Parent does not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

The Principal or Deputy Principal regularly reviews the risk minimisation strategies outlined in Anaphylaxis Risk Minimisation strategies for our schools considering information provided by the Parent related to the risk of anaphylaxis. Refer to Anaphylaxis Risk Minimisation strategies for our school [School to insert hyperlink]

The Principal is responsible for annually completing the Annual Risk Management Checklist for Schools to ensure that compliance with Ministerial Order 706 is maintained. Refer to Annual Anaphylaxis Risk Management Checklist for Schools

8. Register of students at risk of anaphylactic reactions

The Principal nominates Deputy Principal to maintain an up-to-date register of students at risk of anaphylactic reaction. This information is to be shared with all staff and accessible to all staff in an emergency.

A copy of each student's Individual Anaphylaxis Management Plan (IAMP) is easily accessible kept in the First Aid Room – on the wall, in the First Aid Room in the Anaphylaxis Folder, in the First Aid Room in with the child's epipen in the cupboard, in the CRT Yellow folder in their classroom

9. Location, storage and accessibility of autoinjectors

It is the responsibility of the Principal to purchase auto-injectors for the school for general use and to ensure they are replaced at time of use or expiry; whichever is first. (Expiry date period is usually within 12–18 months). General use auto-injectors are used as a back-up to auto-injectors that are provided for individual students by the Parent in case there is a need for an auto-injector for another student who has not previously been diagnosed at risk of anaphylaxis.

Christ Holy Redeemer Primary School provides epiPen auto-injector to purchase for general use.

The General Use auto-injectors are to be stored in the First Aid Room in the Yard Duty bum bags and the Excursion bum bag.

School anaphylaxis supervisors are responsible for informing school staff of the location for use in the event of an emergency.

10. When to use an auto-injector for general use

The Principal ensures that auto-injectors for general use will be used under the following circumstances:

- a student's prescribed auto-injector does not work, is misplaced, misfires, has accidentally been discharged, is out of date or has already been used
- a student previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline injector has their first episode of anaphylaxis
- when instructed by a medical officer after calling 000

- first time reaction to be treated with adrenaline before calling.

10.1. Note: if in doubt, give student auto-injector as per ASCIA Action Plans. Please review [ASCIA First Aid Plan for Anaphylaxis \(ORANGE\)](#) and [ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#) for further information.

11. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the school's general first aid procedures, Danger → Response → Send for Help → Airway → Breathing → CPR → Defibrillation (DRSABCD), the emergency response procedures in this policy and [ASCIA First Aid Plan for Anaphylaxis](#) must be followed.

The Principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

All staff are to be familiar with the location, storage and accessibility of auto-injectors in the school, including those for general use.

The Principal must determine how appropriate communication with school staff, students and the Parent is to occur in the event of an emergency about anaphylaxis.

Copies of the [ASCIA First Aid Plan for Anaphylaxis](#) and emergency procedures are prominently displayed in the relevant places in the school, first aid room, CRT Yellow folders in each learning area. Refer to [Emergency Response to Anaphylactic Reaction](#) template

12. Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake one of two accredited training options.

The Principal requires all staff to participate in training to manage an anaphylaxis incident. The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

Staff undertake training to manage an anaphylaxis incident if they:

- conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction
- are specifically identified and requested to do so by the Principal based on the Principal's assessment of the risk of anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Our school considers, where appropriate, whether casual relief teachers and volunteers should also undertake training.

Our school staff are to:

- successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the Principal, who has successfully completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available, and the Principal determines an appropriate anaphylaxis training strategy and implements this for staff. The Principal ensures that staff are adequately trained and that enough staff are trained in the management of anaphylaxis noting that this may change from time to time dependent on the number of students with IAMPs.

Option 2. School staff undertake face-to-face training 22578VIC Course in First Aid Management of Anaphylaxis. Accredited for three years.

The school notes that 22578VIC Course in First Aid Management of Anaphylaxis is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706. School staff who have completed this course will have met the anaphylaxis training requirements for the documented period.

Anaphylaxis Supervisors

Anaphylaxis supervisors play a key role in undertaking competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school anaphylaxis supervisor, the nominated staff members need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g., 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices.

The Principal is to identify two staff per school or for each campus to become school anaphylaxis supervisors.

Jo Cowan & Karen Gosling

On 1 September 2021, the Anapen adrenaline (epinephrine) auto-injector was introduced into Australia for the treatment of anaphylaxis. Schools will need to ensure relevant staff are trained to use them.

Anaphylaxis supervisors should participate in the Anapen workshop if their school has an enrolled student with an [ASCIA Action Plan for Anaphylaxis Red Anapen](#).

Twice yearly staff briefing

The Principal ensures that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing is to be conducted by the school anaphylaxis supervisor or another staff member who has successfully completed an Anaphylaxis Management Course in the previous two years. The school use the Anaphylaxis Management Briefing Template provided by DE for use in Victorian schools. A facilitator guide and presentation for briefings created by DE is available in the resources section of the procedures.

The briefing includes information about the following:

- the school's legal requirements as outlined in Ministerial Order 706
- the school's anaphylaxis management policy
- causes, signs and symptoms of anaphylaxis and its treatment
- names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
- the school's general first aid and emergency responses
- location of and access to auto-injectors that have been provided by the Parent or purchased by the school for general use.

All school staff should be briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

The twice yearly briefings are held within the meeting structure of the school, led by the Anaphylaxis Supervisors. Records are kept on the staff drive by the Anaphylaxis Supervisors.

13. Anaphylaxis communication plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and their Parent about anaphylaxis and the school's anaphylaxis management policy.

RATIONALE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. This Communication Plan outlines the responsibilities of Christ Our Holy Redeemer Primary School in relation to communicating our responses to, and management of anaphylaxis.

Relationship with other policies:

This policy is to be read in conjunction with the Christ Holy Redeemer Primary School Anaphylaxis Policy.

PURPOSE

The Anaphylaxis Communication Plan will ensure all members of the Christ Our Holy Redeemer Primary School community are aware of the procedures for the prevention and management of anaphylaxis at school, or outside school on school related activities.

IMPLEMENTATION

Expectations of Enrolling Parents At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student with anaphylaxis. It is expected that parents will advise the school without delay when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis. An Australian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis Action Plan will be developed for each student affected by their medical practitioner and placed in the First Aid Room, and CRT Folders of the relevant classrooms.

PUBLICATION

This Anaphylaxis Communication Plan will be published on the school's website. Casual Relief Teachers (CRT) will be made aware of the plan and actions to take in case of an anaphylactic reaction, through the yellow CRT Folders. Communication to all Staff All staff will be briefed regularly, commencing at the beginning of the year. At this time instructions for action will be detailed. All staff must be briefed twice per calendar year.

Staff have a responsibility to:

- Know and understand the School Anaphylaxis Management Policy;
- Know the identity of student who are at risk of anaphylaxis;
- 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 auto injector;
- Keep a copy of each student's ASCIA Action Plan for Anaphylaxis, or know where to find one quickly, and follow it in the event of an allergic reaction;
- Follow the ASCIA action plan in the event of an emergency reaction;
- Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction;
- Know where students' adrenaline auto injectors are kept;

- Know and follow the prevention and risk minimisation strategies in the student's Anaphylaxis Management Plan;
- Plan ahead 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);
- Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her;
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens;
- 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;
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food;

RAISE STUDENT AWARENESS

Raising Student Awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers. When Raising Student Awareness Classroom teachers will discuss the topic of anaphylaxis with students in their class, with a few key messages, including:

- Hand washing after eating;
- Not sharing food with your friends;
- Knowing what your friends are allergic to;
- If a school friend becomes sick, get help immediately;
- Be respectful of a school friend's EpiPen;
- Don't pressure your friends to eat food they are allergic to.

RAISING SCHOOL COMMUNITY AWARENESS

Information regarding anaphylaxis will be communicated through the school newsletter at the beginning of each school year and if there has been an incident or an issue raised.

INDIVIDUAL ANAPHYLAXIS ACTION PLANS (ASICA)

The individual Anaphylaxis Action Plan will be in place as soon as practicable after the student enrolls. This will include:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions;
 - The name of the person/s responsible for implementing the strategies;
- The student's emergency contact details;
- Information on where the student's medication will be stored. (EpiPen First Aid Room) ASICA Action Plan (First Aid Room & yellow CRT Folders)
 - Anaphylaxis information will be provided to all CRT and Volunteer staff regarding students and this will be provided by the Principal or their delegate at the beginning of the applicable visit/employment, using the yellow CRT Folder. This information will include an Action Plan for Anaphylaxis which will contain the student's photo, name and date of birth, allergens to be avoided, contact details and the action required if the student has a mild or serious reaction.

• RESPONDING TO ANAPHYLAXIS IN CLASSROOMS

- In the event of an anaphylactic reaction in the classroom, the teacher is to immediately implement the student's ASCIA Action Plan:
 - Call 000;
 - Call another staff member to remove other students from the area. This staff member to call the Principal;
 - Two staff members to bring the student's EpiPen, ASCIA Action Plan, mobile phone and school's spare EpiPen and proceed immediately to the site of emergency;
 - Staff member trained in the administration of an EpiPen to give injection;
 - The teacher is to stay with the student who is experiencing the reaction;
 - Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes; and,
 - Principal will coordinate emergency procedures;
 - parents to be contacted as soon as is practicable;
 - staff member to accompany student in ambulance if practicable.

- **RESPONDING TO ANAPHYLAXIS IN THE YARD**

- Yard duty staff members will not leave a student who is experiencing anaphylaxis unattended. The yard duty staff member will:
 - Call 000 immediately (if mobile phone available);
 - Notify the main office via walkie talkie or by sending another staff member or student
 - Two staff members are to bring the student's EpiPen, ASCIA Action Plan, mobile phone and school's spare EpiPen and proceed immediately to the student who is having an anaphylactic reaction.
- At the site of the emergency:
 - Where possible, a staff member trained in the administration of an EpiPen will give the injection;
 - If 000 has not already been called, this is to be done via mobile phone immediately and advise the operator that a student has suffered an anaphylactic/severe allergic reaction and that an EpiPen has been administered;
 - The staff member who administered the EpiPen will record the time when the injection was given;
 - The staff members to watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes.
 - The Principal will coordinate emergency procedures including contacting the student's emergency contact person.

- **SPECIAL EVENT DAYS, EXCURSIONS AND CAMP**

- Parents to be communicated with in regards to the details of the event/excursion/camp by the classroom teacher, with any potential risks identified and strategies to manage this agreed upon, in a timely manner.
- Prior to leaving the school on an excursion (including camp), the classroom teacher will liaise with the Administration staff to ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen.
- The student's EpiPen, ASCIA Action Plan and a spare EpiPen, (a school general use pen) will be taken to the off-site event.
- In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the school. The Principal should be notified. The Principal will arrange for parents or guardians to be notified and for appropriate reports to be made.
- Post Incident Action It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident/Accident Report form including full details of the event and what occurred;
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school;
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;
- Communication with Principal and members of Leadership Team, as appropriate, regarding the particulars of the incident, actions taken and outcomes;
- Discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal);
- Review the student's Individual Management Plan (the Principal/Leadership Team and First Aid Coordinator);
- Implement updated risk prevention strategies (where applicable).

• **ADMINISTRATION OF AN EPIPEN**

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit;
- Check and administer EpiPen as per training;
- Phone ambulance (call 000)
- Contact family or emergency contact;
- A further adrenalin dose may be given if there is no response after 5 minutes (use a nonprescription adrenalin auto injector if required);
- Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used EpiPen/s.

The Principal and their nominee work with the Parent to support the student's needs. The Principal develops a communication process for when new or updated medical documentation and/or medication is required as part of the annual or triggered reviews. The school staff engaged in this process are to make communication accessible and culturally appropriate.

Initial Notification

- At the start of each school year, upon enrolment and/or when a plan is due to expire, the school communicates to the Parent informing them of the need to update their child's medical management and/or anaphylaxis action plans.

Follow-Up Communication

- School staff nominee to send reminders via email, phone calls, or school newsletters as the deadline approaches.
- For critical updates, consider direct phone calls or meetings with the Parent to discuss the importance of the information. For a Parent seeking guidance around obtaining documentation, encourage them to contact the Anaphylaxis advisory line on **1300 725 911** or **9345 4235** or email anaphylaxisadviseline@rch.org.au

Escalation if updated information/medication is not obtained

- School to send a second reminder via the preferred means of communication (e.g. email, school app, letter) to clarify the required medical information. School staff are to make communication accessible and culturally appropriate.
- **Phone Call:** Make a follow-up phone call to the Parent who has not responded. Highlight the potential risks to their child's health and safety if the information is not updated.
- **In-Person Meeting:** If there is still no response, schedule an in-person meeting with the Parent to underscore the importance of the update and to provide additional support or clarification if needed.
- Schools are to inform the Parent of any impact on child's safe participation in school activities without updated medical plans and medication, and work to develop a plan for updating information.

- For further support on seeking required updated information and/or medication, schools can contact their Senior Manager, School Leadership.

Ongoing Communication

- Schedule periodic check-ins with the Parent prior to potential review points to ensure the medical information remains current and encourage the Parent to inform the school of any changes in their child's health status throughout the year.

The Principal ensures that the school staff are adequately trained by completing an approved training course

- 22579VIC Course in First Aid Management of Anaphylaxis every three years AND
- provision of an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706, with one briefing at the commencement of the school year.

The policy is publicly available and published on the school's website.

14. Definitions

Definitions of standard terms used in this Policy can be found in the [Glossary of Terms](#).

Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g., cashews), cow's milk, fish and shellfish, wheat, soy, sesame, lupin and certain insect stings (particularly bee stings).

Anaphylaxis Guidelines (Guidelines)

A resource for managing severe allergies in Victorian schools, published by the Department of Education (DE) for use by all schools in Victoria and updated from time to time.

Australasian Society of Clinical Immunology and Allergy (ASCIA)

The peak professional body of clinical immunology and allergy in Australia and New Zealand.

Autoinjector

An adrenaline autoinjector device, approved for use by the Australian 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).

Ministerial Order 706

[Ministerial Order 706: Anaphylaxis Management in Victorian Schools](#) which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

15. Related policies and documents

Supporting documents

Individual Anaphylaxis Management Plan – Template for MACS Schools

Anaphylaxis Risk Minimisation Strategies for Schools – Template for MACS Schools

Emergency Response to Anaphylactic Reaction – Sample – Template for MACS Schools

Anaphylaxis Management Checklist for Off-site Activities – Template for MACS Schools

Annual Anaphylaxis Risk Management Checklist – Template for MACS Schools

Related MACS policies

Anaphylaxis Policy for MACS schools

Duty of Care Policy for MACS schools

Emergency Management Plan

First Aid Policy

Resources

16. Legislation and standards

[Department of Education Victoria Anaphylaxis Guidelines](#)

[Department of Education Victoria Anaphylaxis Management Briefing presentation](#)

[Department of Education Victoria Facilitator guide for anaphylaxis management briefing](#)

[ASCIA Action Plans and First Aid Plans for Anaphylaxis or Allergies](#)

[ASCIA Action Plans for Anaphylaxis \(General, Anapen, Epipen\)](#)

[ASCIA First Aid Plan for Anaphylaxis \(General, Anapen, Epipen, Pictorial\)](#)

[ASCIA Travel Plan](#)

[ASCIA Anaphylaxis e-training for Victorian schools](#)

[ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#)

Policy information table

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