



ANAPHYLAXIS POLICY

Last Review: May 2023

Constructed/Reviewed by: Mentone Grammar School on advice from Russell Kennedy Lawyers

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

Prevention strategies by the Principal

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

- (a) Ensuring that an IAMP is developed (see below), in consultation with the student's parents and a medical practitioner, for any student who has been diagnosed as being at risk of anaphylaxis.
- (b) Ensuring that School staff who conduct classes that students at risk of anaphylaxis attend, and any further staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School), are trained and briefed at least twice per calendar year in accordance with the requirements in clause 12 of MO 706. In this regard, the Principal is responsible for ensuring that the school staff identified in clause 12.1 (as outlined above) are briefed twice per year, with the first briefing to be held at the beginning of the school y

Prevention strategies by staff

5.9 Includes:

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

Parent/carer responsibilities

6. List of Students at Risk of Anaphylaxis

6.1 A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is accessible via Operoo, the School's electronic medical records management system.

6.2 All staff whose duties include direct supervision of students have access to Operoo.

7. Location of IAMPs and ASCIA Action Plans

On-site

7.1 Student IAMPs (including their ASCIA Action Plan) are located together with all student medical files on Operoo, the School's electronic medical records management system. All staff whose duties include direct supervision of students have access to Operoo.

7.2 Copies of student ASCIA are also kept at:

- (a) the Health Centre;
- (b) Student's spare epi-pen pouch.

7.3 A general ASCIA Action Plan is located next to First Aid cabinets on School premises and in the staff common room.

Off-site

7.4 The Teacher-in-Charge of any off-site activity (such as camps and excursions) must ensure that student IAMPs (including their ASCIA Action Plan) are available via Operoo (or alternate electronic means) during the course of the activity, are readily accessible to staff, and that the information is stored in a safe but accessible location within Operoo. The Teacher-in-Charge must communicate the location of student IAMPs within Operoo to all staff present at the off-site activity and ensure that all staff know how to access Operoo for this purpose. A copy of the students ASCIA plan is also available in the student's epi-pen orange case.

7.5 For School events such as swimming sports, the Teacher-in-Charge/Staff member in charge must ensure that a first aid station is set up and marked on the emergency response plan, and that student IAMPs are able to be accessed via Operoo at this station. A copy of the student's ASCIA plan is also available in the student's epi-pen orange case.

7.6 For all other off-site events (including camps, remote settings, field trips, overseas travel, excursions and work experience), the Teacher-in-Charge must ensure that student IAMPs are available via Operoo and that any other information relevant to the IAMPs is stored together with the first aid kit in a clearly labelled bag or folder. Adrenaline auto-injectors will be stored with the first aid kit. A copy of the students ASCIA plan is also available in the student's epi-pen orange case.

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

8. Adrenaline Auto-injectors

- 8.1 Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.
- 9. Adrenaline Auto-injector to be stored with IAMP
- 9.1 All adrenaline auto-injectors and other emergency medications must be stored with a student's IAMP and checked regularly to ensure that they have not expired, become

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

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

11. Record-keeping requirements for Adrenaline Auto-injectors

11.1 An adrenaline auto-injector database is maintained and monitored by the School Nurse and ensures reminders are sent to parents and the School, about the replacement of adrenaline auto-injectors (including those for general use) after use or before the expiry date.

11.2 Whenever adrenaline auto-injectors for general use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and name of the person taking or returning the adrenaline auto-injector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.

11.3 Each adrenaline auto-injector for general use1 fe e) A

12.3

Volunteers and casual relief workers

- 15.8 All volunteers and casual relief workers (i.e. employees or contractors) must be notified by a designated staff member of the names of any student at risk of anaphylaxis, the location of each student's IAMP and adrenaline auto-injector, this policy, and their role in responding to an anaphylactic reaction of a student in their care.
- 15.9 The designated staff member will usually be

(g) do not pressure your friends to eat food that they are allergic to.

15.15 Students are also reminded prior to any off-site activity (including at Keysborough and Shoreham) about the symptoms of anaphylaxis, and told which staff member from which to seek help.

15.16 Posters and materials are also displayed around the campus to promote awareness of anaphylaxis, and what to do in the event of an actual or suspected reaction.

Communications with parents

15.17 The School is aware that parents sending a child to school who is at risk of anaphylaxis can be an anxious experience. It is important to develop an open and co-operative relationship with students and their families, so that they can feel confident that appropriate management strategies are in place.

15.18 All parents are asked at enrolment if their child has any allergies or medical conditions of which the School needs to be aware.

15.19 The School shall encourage ongoing communication between parents / carers and the Health centre staff regarding the current status of the student's allergies, this policy and its implementation. Regular communication can ease concern of parents with children who are at risk and will help raise awareness in the School community.

Communications in an emergency

15.20 In the event that a student suffers an anaphylactic reaction whilst in the care of the School, after staff have tended to the medical needs of the student (including by calling emergency services), staff must contact parents/carers.

15.21 The Health centre nurse is responsible for making contact with parents/carers following a reaction at the Mentone site.

15.22 In the event of an off-site reaction (including at Keysborough or Shoreham), responsibility for the communication lies with the Teacher-in-Charge. Parents/carers will be advised of next steps and what they are required to do, which will largely depend on the circumstances (eg. attending the hospital).

15.23 Where communication with parents/carers is unsuccessful, the School will contact with the emergency contact listed on that student's file.

Training

15.24 The Principal is responsible for ensuring that all staff identified in clause 12.1 of MO 706 are trained and briefed at least twice per calendar year about anaphylaxis management, in accordance with the requirements under clause 12 of MO 706.

15.25 The Principal will ensure that the following School staff will be trained and briefed on anaphylaxis management:

(a) Those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend.

- (b) Any further School staff (including volunteers, regular casual relief staff and trainees) that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School (including, for example, during excursions, yard duty, camps and special event days).
- 15.26 Such staff will be advised about how to respond to an anaphylactic reaction through briefings at least twice per calendar year and training, in accordance with this policy. The School keeps records to ensure that all relevant staff have received the training and therefore, are able to respond to an anaphylactic reaction.
- 15.27 The School will communicate with relevant staff about the date, time and requirements of anaphylaxis training through its internal online network.
16. Training Staff on Anaphylaxis Management
- Principal's obligation to ensure supervision by trained staff
- 16.1 When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the School's care or supervision outside of normal class activities (e.g. in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School), the Principal must ensure that there is a sufficient number of staff present who have been trained in accordance with the requirements under clause 12 of MO 706.
- Which staff members must be trained in anaphylaxis management?
- 16.2 All staff who conduct classes that students who are at risk of anaphylaxis attend (and any other staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the School's care or supervision) must be trained in anaphylaxis management in accordance with clause 12 of MO 706.
- 16.3 In this section, 'staff' refers to any person employed or engaged (e.g. as a volunteer or contractor) by the School who the Principal determines should comply with this policy, and who is either:
- (a) required to be registered under Part 2.6 of the *Education and Training Reform Act 2006* (Vic) to undertake duties as a teacher within the meaning of that Part; or

- 23.2 Where possible, only staff with training in the administration of the adrenaline auto-injector should administer a student's adrenaline auto-injector. However, it is imperative that an adrenaline auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline auto-injector may be administered by any person following the instructions in the student's ASCIA Action Plan.
- 23.3 Once an adrenaline auto-injector has been administered, staff should follow the procedure set out in the student's IAMP (including the ASCIA Action Plan), and then any applicable general first aid and emergency response procedure. Communications to staff, students and parents should occur in accordance with the communications plan in this policy.
- 24. Location of Adrenaline Auto-injectors
 - 24.1 Appendix A shows location of all adrenaline auto-injector for general use
- 25. Contact Numbers
 - 25.1 Health Centre: +61 (03) 9581 3242
 - 25.2

- 28.2 If food is to be consumed at the event, staff must consult parents in advance to either develop an alternative food menu or request parents to send a meal for the student.
- 28.3 Staff should avoid using food rewards in activities or games.
- 28.4 The Teacher-in-Charge must inform parents/carers of other students about foods that may cause allergic reactions in other students and request that they avoid providing their child with treats.
- 28.5 The Teacher-in-Charge must ensure that if any student is allergic to latex, any party balloons or personal protective equipment in use at the event (e.g. gloves) are latex-free.
- 28.6 All staff members present at the event must be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- 28.7 During regular sport and planned sport training and matches (i.e. Wed / Thurs afternoon

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

Work experience

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

30. Camps and Remote Settings

- 30.1 Before engaging a camp owner/operator's services, the Teacher-in-Charge should make enquiries as to whether it can provide food that is safe for students at risk of anaphylaxis. If a camp owner/operator cannot provide this confirmation to the School, the School should consider using an alternative service provider.
- 30.2 The Teacher-in-Charge should ensure that the camp cook can demonstrate satisfactory training in food allergen management and understands the implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination and the use of allergen-free zones. The Teacher-in-Charge should ensure that the camp cook can demonstrate satisfactory training in food allergen management and understands the implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination and the use of allergen-free zones.

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

31. Overseas Travel

31.1 The Teacher-in-Charge should, in consultation with the Risk and Compliance Manager, review and consider the strategies listed above for field trips, excursions, sporting events, camps and remote settings. Where an excursion or camp is occurring overseas, the School should involve parents in discussions regarding risk management well in advance.

31.2 The Teacher-in-Charge should, in consultation with the Risk and Compliance Manager, investigate the potential risks at all stages of the overseas travel such as:

- (a) travel to and from the airport/port;
- (b) travel to and from Australia (via aeroplane, ship etc);
- (c) various accommodation venues;
- (d) all towns and other locations to be visited;
- (e) sourcing safe foods at all of these locations; and
- (f) risks of cross contamination, including -
 - (i) exposure to the foods of the other students;
 - (ii) hidden allergens in foods;
 - (iii) whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction;
 - (iv) whether the other students will wash their hands when handling food.

31.3 The Teacher-in-Charge should, in consultation with the Risk and Compliance Manager, assess where each of these risks can be managed.

Appendix A





