MENTONE GIRLS' GRAMMAR

Allergy and Anaphylaxis Management Policy and Procedure



Help for non-English speakers.

If you need help to understand this policy, please contact the Head of Senior or Head of Junior School.

Mentone Girls' Grammar acknowledges the Bunurong People of the South-Eastern Kulin Nations for their connection to land, sea, and community, and for their custodianship of the land on which we live, learn and work. We pay our respects to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people today.

1. Purpose

Mentone Girls' Grammar is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education and Training's Anaphylaxis Guidelines.

Mentone Girls' Grammar recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and supported, they cannot achieve a completely allergen -free environment.

Mentone Girls' Grammar has a duty of care to all students which includes taking reasonable steps to prevent any foreseeable harm to a student. This includes supporting and responding to student with mild to moderate allergies, as well as those with severe allergies (anaphylaxis).

It is critical that staff recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

2. Scope

This document outlines how Mentone Girls' Grammar manage students at risk of anaphylaxis.

All emergency procedures within this plan apply to all students across all areas of the school. They are applicable for all activities that are conducted by the school whether onsite during normal activities or offsite during school organised events, excursions, or camps.

All staff including casual staff, relief teachers, nominated sport coaches, and fixed term contractors will be educated on the school's approach to anaphylaxis management during the induction program relevant to their role at the school.

The Principal is responsible for implementing the requirements of this policy and must ensure that responsibilities, training requirements and tasks relating to anaphylaxis as set out in the Anaphylaxis Supervisor Checklist are being met by the school.

3. Compliance

Mentone Girls' Grammar policies are fully reviewed and endorsed by the Principal and the School Council and are compliant with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Training.

4. Roles and Responsibilities

The Principal will[1]:

- Ensure that the school develops, implements, and routinely reviews this policy in accordance with Ministerial Order No. 706 and guidelines.
- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier).
- Ensure that parents/carers supply an ASCIA Action Plan for Anaphylaxis annually which has been completed and signed by the student's medical practitioner and has an up- to-date photograph of the student.
- Ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.
- Ensure students' Individual Anaphylaxis Management Plans are in place and communicated to all relevant staff as soon as practical after the student enrols at the school and where possible before the student's first day of attendance at that school.
- Ensure that parents/carers provide the school with an Adrenaline Device for their child that is not out of date and a replacement Adrenaline Device is supplied when asked.
- Ensure that a proper Communication Plan(s) is/are developed, to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
- Ensure there are procedures in place for supplying information to casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care.
- Ensure that relevant school staff have successfully completed an approved Anaphylaxis Management training course and that their accreditation is current.
- Ensure that school staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting Device competency checks and that their accreditation is current.
- Ensure that all school staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the school staff).
- Give time, such as during staff meetings, to discuss, practice and review this policy and related procedures and guidelines, as necessary.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of school staff outside of normal activities, including at camps and excursions, or at special events conducted, organised or attended by the school, ensure that there is a sufficient number of staff present who have been trained in accordance with clause 12 of MO706

[1] *Refer to Appendix A for Principal Delegations of Duties*

- Encourage regular and ongoing communication between parents and school staff about the status of the student's allergies, the school's policies, and their implementation.
- Ensure that the student's Individual Anaphylaxis Management Plan and Communication Plan are reviewed in consultation with parents.
    - annually at the beginning of each school year.
    - when the student's medical condition changes.
    - as soon as practical after a student has an anaphylactic reaction at school; and
    - whenever a student is to take part in an off-site activity such as camps or excursions or at special events conducted, organised, or attended by the school.
- Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.
- Arrange for the purchase of additional adrenaline Device (s) for general use and as back up to those supplied by parents.

The Anaphylaxis Supervisor will:

- Collaborate with the Principal to develop, implement, and regularly review this policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Device.
- Provide access to an Adrenaline Device (trainer) device for practice by school staff.
- Assess and verify the correct use of Adrenaline Devices by school staff.
- Collaborate with Human Resources to ensure staff are aware of anaphylaxis training requirements and training undertaken by staff at the school is recorded on the school's database.
- Lead the twice-yearly anaphylaxis school briefing.
- Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example.
    - A bee sting occurs on school grounds, and the allergic student is conscious.
    - An allergic reaction where the student has collapsed on school grounds and the student is not conscious.

- Keep an up-to-date register of students at risk of anaphylaxis.
- Keep a register of Adrenaline Devices, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- Collaborate with the Principal, parents/carers, and students to develop, implement, and review each Individual Anaphylaxis Management Plan in accordance with this policy.
- Provide advice and guidance to school staff about anaphylaxis management in the school and undertake regular risk identification and implement minimisation strategies.
- Help staff with First Aid kit configuration for any excursions organised by staff.
- Collaborate with school staff to develop strategies to raise their own, students and school community awareness about severe allergies; and
- Provide or arrange post-incident support (e.g., counselling) to students and school staff, if appropriate.

All school staff, including Relief Teachers, Contractors, and nominated Sport Coaches must:

- Know and understand the requirements of this policy.
- Know the identity of students who are at risk of anaphylaxis, recognise their face and if possible, what their specific allergy is.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Device.
- Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly and follow it in case of an allergic reaction.
- Know the school's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' Adrenaline Devices and the Adrenaline Devices for general use are kept.
- Notify the Health Centre as soon as possible if they have used an Adrenaline Device on a student.
- Know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan and use the risk module within Consent2Go to aid in risk management activities.
- Consider students with anaphylaxis in planning for special class activities (e.g., food tech, art, and science classes), or special occasions (e.g., excursions, incursions, sport days, camp, cultural days, fetes, and parties), either at the school, or away from the school.
- Ensure that first aid kits are taken on all excursions and are configured appropriately given the needs of the students attending, in consultation with the Anaphylaxis Supervisor. In addition, ensuring that each student with anaphylaxis is carrying their own personal Adrenaline Device in addition to the First Aid Kit.
- Ensure that supervising staff on any excursion or event are appropriately trained to manage students with anaphylaxis.
- For any excursions overnight, an event specific management and communication plan must be documented by the staff member on consultation with the students' parents.
- Avoid the use of food treats in class or as rewards, as these may contain allergens.
- Collaborate with parents/carers to provide treats for students at risk of anaphylaxis, or appropriate food for their child if the food the school/class is providing may present an allergy risk.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when. using items such as egg or milk cartons in art or cooking classes.
- Be aware of the risk of cross-contamination when preparing, managing, and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food; and raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

Parents/carers must:

- Inform the school in writing or via Consent2Go, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain and provide the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details:
    - their condition.
    - any medications to be administered; and
    - any other relevant emergency procedures.
- Immediately inform school and or in writing of any changes to the student's medical condition as far as it relates to allergy and the potential for anaphylactic reaction and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis. This is to be provided:
    - By updating Consent2Go, and
    - By emailing or directly calling the Health and Wellbeing Centre 9581 1200 mpshepherd@mentonegirls.vic.edu.au
- Immediately inform the school of a change in emergency contact information.
- Provide the school with an up-to-date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
- Meet with and assist the Health Centre to develop the student's Individual Anaphylaxis Management Plan, that includes strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff for settings in and out of school, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school.
- Parents must provide the School with two (2) Adrenaline Devices, and any other medications, which are current and not expired:
    - At the Junior Campus, anaphylaxis medication is to be always kept in the classroom backpack with the student and in the Individual Anaphylaxis pouches in the JS print room.
    - At the Senior School individual student anaphylaxis medication is stored in Senior School student services in the Individual Anaphylaxis pouches and students must carry anaphylaxis medication, on their person.
- Replace the student's Adrenaline Device and any other medication as needed before their expiry date or when used.
- Aid school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions, or (e.g., class parties, cultural days, fetes, or sport days).
- If requested by school staff, help in identifying and/or giving alternative food options to the student when needed.
- Inform school staff in writing of any changes to the students' emergency contact details.
- Participate in reviews of the student's Individual Anaphylaxis Management Plan.

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5. Staff Training and Education

In accordance with Ministerial Order 706 clause 12, all Mentone Girls' Grammar staff that work in direct contact with students will take part in the following training programs.

This includes:

- School staff who conduct classes that students who are at risk of anaphylaxis attend.
- Sports coaches who conduct training and games that students who are at risk of anaphylaxis participate in.
- Any further staff as identified by the Principal, based on the assessment of risk of anaphylaxis occurring while a student is under the care or supervision of the school.

Training will consist of:

1. Yearly Anaphylaxis refresher training facilitated by the schools preferred First Aid provider.
2. Whole school Anaphylaxis briefing conducted twice per calendar year provided by the Anaphylaxis Supervisor that includes:
    a. The School Anaphylaxis and Allergy Policy (this document) and Communication Plan
    b. The identities of the students at the School with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located.
    c. How to use a Device (including direct practice opportunities with a trainer Adrenaline Device)
    d. Locations and access to the schools' generic devices in the school and device supplied by parents.
    e. General emergency and first aid response for both the school.
    f. Causes, symptoms, and treatments.
3. Training in 22578VIC Management of Anaphylaxis every 3 years (included as part of the First Aid training program at) or ASCIA anaphylaxis e-training for schools every 2 years.

If for any unforeseen reason staff training does not go ahead as scheduled the Principal and Heads of School in consultation with the Anaphylaxis Supervisor will develop an interim plan to address and manage any student medical needs. Training must occur as soon as possible thereafter.

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6. Individual Anaphylaxis Management Plans and ASCIA Plans

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

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practical after a student enrols at Mentone Girls' Grammar and where possible before the student's first day.

Parents and carers must:

- Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school by uploading it to Consent2go as soon as practical.
- Immediately inform the school in writing and by updating Consent2go if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis.
- Provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when the plan is provided to the school and each time it is reviewed.
- Provide the school with a current Adrenaline Device for the student that is current and has not expired.
- Participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- Information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has.
- Information about the signs or symptoms the student might show in the event of an allergic reaction based on a written diagnosis from a medical practitioner.
- Strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, 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 risk minimisation strategies, which have been identified in the Plan.
- Information about where the student's medication will be stored.
- The student's emergency contact details.
- An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.
- Action plans include easy to follow steps for the emergency treatment of anaphylaxis. *Note: ASCIA Action Plans are the standard action plans throughout Australia and New Zealand. The content is regularly reviewed by experts and updated as required.*
- ASCIA Action Plans do not expire, but they should be reviewed and updated when students are reassessed by their doctor or nurse practitioner. This should occur each time the student obtains a new Adrenaline Device prescription, which is every 12 to 18 months. The photo should be updated each time, so they can be easily identified.
- ASCIA Action Plans for Anaphylaxis should be used for all students with food, insect, tick and drug allergies, or any other allergy that can result in a severe allergic reaction (anaphylaxis). If a person only has a drug allergy and does not have a prescribed Adrenaline Device, the ASCIA Action Plan for Drug (Medication) Allergy should be used. These plans are not for allergic rhinitis (hay fever) due to pollen, dust mite, animals, or other inhaled allergens.
- Copies of student ASCIA plans and action plans are kept in Consent2go. Teachers can access these via their laptops when onsite or via the *C2go for staff* APP while offsite attending Mentone Girls' Grammar scheduled events and excursions where they are a nominated teacher or supervisor.

7. Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated annually in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- As soon as practical after the student has an anaphylactic reaction at school.
- If the student's medical condition, as far as it relates to allergy and the potential for anaphylactic reaction, changes.
- When the student is taking part in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

8. Locations of Devices and Action Plans

The school will buy and keep an appropriate number of generic devices for general use and as a back up to those supplied by parents. These devices will be stored as part of the school's first aid kits along with a copy of a generic ASCIA Action Plan.

The Principal in consultation with the School Nurse will determine the appropriate number and type of generic devices provided by the school and in doing so consider the availability of a sufficient supply of Adrenaline Devices for general use in specified locations at the school and other locations (including at excursions, camps and special events conducted, organised or attended by the school).

This will be based on the accessibility of Adrenaline Devices that have been supplied by parents and the number of students at the school with diagnosed anaphylaxis and the potential for an anaphylactic reaction.

Consideration must be given to the limited shelf life of Adrenaline Devices. Where possible the school will purchase adrenaline Devices with no less than a 12–18-month lifespan. The School Nurse will be responsible for maintaining a list of expiry dates of all Devices and replacing these either at the time of use or at the date of expiry (whichever occurs first).

Mentone Girls' Grammar has a schedule of locations of Adrenaline Devices for general use, across all areas of the school. A detailed list is kept by the School Nurse including expiry dates and updated on an as needs basis. Locations of Adrenaline Devices are listed below and are also noted on the school maps.

Any changes to these locations are to be notified by the School Nurse:

- To the Property Manager who will ensure the maps are updated accordingly.
- To all staff via mConnect.

Copies of student ASCIA Plans and Individual Action Plans are kept in Consent2go. Teachers can access these via their laptops when onsite or via the *C2go for staff* APP while offsite attending Mentone Girls' Grammar scheduled events and excursions where they are a nominated teacher or supervisor.

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Device Locations – Eary Learning Centre – Kinder and Pre-Prep Program		
Location Storage	**Location Access**	**Contents**
Reception	In the First Aid Cupboard	1 x Generic Anaphylaxis pouch containing: • 1 Generic Action Plan • 1 Generic Jnr Adrenaline Device
Classrooms/Excursion backpack	Kinder room – Directly behind the storeroom door on hook Pre prep room – on hook on the back of the door	1 x Generic Anaphylaxis pouch containing: • 1 Generic Action Plan • 1 Generic Jnr Adrenaline Device Individual Anaphylaxis Pouch containing: • 1 student Adrenaline Device • 1 IAAP
Device Locations – Junior School – Prep to Year 6		
Location Storage	**Location Access**	**Contents**
Print Room	Ground floor on left wall as you enter the print room	1 x Generic Anaphylaxis pouch containing: • 1 x Generic Action Plan • 1 x Generic Jnr Adrenaline Device • 1 x Generic Adrenaline Device Individual Anaphylaxis plans on display. Individual Anaphylaxis Pouches containing • 1 x Adrenaline Device • 1 x IAAP
Classroom (only if a student in the class has anaphylaxis)	In classroom backpack stored near the back door Backpack is taken with the class to all specialist programs located in other areas of the school	Individual Anaphylaxis Pouches containing • 1 x Adrenaline Device • 1 x IAAP
Device Locations – Senior School – Year 7 to Year 12		
Location Storage	**Location Access**	**Contents**
Health and Wellbeing Centre	On the wall to the left of the health centre door	1 x Generic Anaphylaxis pouch containing: • 1 x Generic Action Plan • 1 x Generic Adrenaline Device
Aquatic Centre	Hanging on the far-left wall next to Reception desk and Pilates room next to First Aid kit and AED	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP • 1 x Jnr Adrenaline Device
Bay Café	Entry noticeboard next to First Aid kit and AED	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP • 1 x Jnr Adrenaline Device
Kerferd Library	Librarian Office hanging on left wall	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Sport Precinct	Staff office next to indoor courts. Far wall next to the cupboard	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Student Services	Hanging on wall between Head of School and Director of T&L office	Individual Anaphylaxis plans on display. Individual Anaphylaxis Pouches containing • 1 x Adrenaline Device • 1 x IAAP 1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Music Precinct	Hanging on wall opposite reception desk	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
CLC	Hanging on wall outside Level 1 staffroom	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
GLC	Hanging on far right wall in staff kitchen	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Food Technology	Top Shelf to the right of the teaching station	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP •
Cobbalanna	Hanging on student noticeboard on level 1	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Science Precinct	Level 1 Prep room to the right of the door entry	1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP

Device Locations - Whole School During activities held off-site including on excursions, camps and at special events conducted, organised, or attended by the school or boarding premises.		
Supervising teacher of the Event	Portable First Aid Kit (24) Camp Kits (2) Sport Coach First Aid Kits (5) PE Staff First Aid kits (2)	Individual Anaphylaxis Pouches containing • 1 x Adrenaline Device • 1 x IAAP 1 x Generic Anaphylaxis Pouch containing • 1 x Adrenaline Device • 1 x Generic AP
Student	On person	Personal Device x 1 Personal ASCIA Action Plan

9. Signs and Symptoms

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

10. Mild to Moderate Allergic Reactions

Signs

- Swelling of lips, face, eyes.
- Hives or welts.
- Tingling mouth.
- Abdominal pain, vomiting - *these are signs of anaphylaxis for insect allergy.*

First Aid Plan for Anaphylaxis

In the event of an anaphylactic reaction, the student's ASCIA Action Plan should be implemented immediately:

- Administer Adrenaline Device and ask reception to call 000.
- Ideally there is more than one staff member available. Alternatively stay with the student affected and ask another student to assist in calling a staff member for help and/or notifying Reception that assistance is required.
- Reception to coordinate emergency procedures and ambulance.
- Record the time of administering the adrenaline Device. Watch to see if signs of anaphylaxis subside or return. If necessary, administer another Adrenaline Device after 5 minutes and continue until emergency services arrive.

Actions

- Stay with person, call for help.
- Locate adrenaline Device.
- Phone family/emergency contact.
- Insect allergy - flick out sting if visible.
- Tick allergy - seek medical help or freeze tick and allow to drop off.

Signs of Anaphylaxis

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing.
- Swelling of tongue.
- Swelling or tightness in throat.
- Wheeze or persistent cough.
- Difficulty talking or hoarse voice.
- Persistent dizziness or collapse.
- Pale and floppy (young children).

11. Prevention and Emergency Response (Communication Plan)

The prevention and emergency response plan (Communication Plan) has been developed in line with the requirements in Clause 11 of Ministerial order 706.

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities, and activities available at the school, and the general school environment. Not all strategies will be relevant for each area of the school.

For each school setting/activity, staff must ensure they have 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 available.

Student Anaphylaxis Management Plans (including their ASCIA Action Plan) are located together on all students' electronic medical files on Synergetic and Consent2go. All staff whose duties include direct supervision of students have access to Consent2go. Hardcopies of all ASCIA action plans are in the ELC reception, Junior School print room, Senior School student services, the Health Centre, and with the student's Device.

Classrooms

In the Junior School, a copy of the student's Individual ASCIA Plan will be displayed in the ground floor print room along with their individual anaphylaxis pouches holding their Device and other required medication. The class backpack that is used for specialist classes also contains a student anaphylaxis pouch and is stored in the classroom by the door and collected by the specialist supervising teacher of the specialist class.

In the Senior School, no generic Devices is stored in classrooms except for the Food Technology room where a generic Adrenaline Device is located on the bookshelf closest to the teacher's demonstration bench.

No food treats will be provided in any classrooms across all campuses where possible, but if food treats are used in class, it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only managed by the student. Never give food from outside sources to a student who is at risk of anaphylaxis.

Products labelled '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 and so forth. Staff must be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science, and art classes (e.g. egg or milk cartons, empty peanut butter jars).

Children with food allergies need added care and supervision when participating food technology classes. A meeting should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: https://allergyfacts.org.au/images/pdf/foodtech.pdf

The Head of School Operations or delegate will inform any casual relief teachers or specialist teachers of the names of any students at risk of anaphylaxis, the location of and accessibility of each student's Individual Anaphylaxis Management Plan and adrenaline Device, the school's Allergy and Anaphylaxis and Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.

Bay Cafe

Bay Cafe staff must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

Bay Cafe staff will be advised of students at risk of anaphylaxis and will display a copy of the student profile in the Bay Cafe as a reminder to staff.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Bay Cafes should offer a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Bay Cafe staff will ensure that tables and surfaces are wiped down with warm soapy water regularly.

A 'no-sharing' food approach is recommended and encouraged for food, utensils, and food containers. However, the school communities can agree to not stock peanut and tree nut products (e.g., hazelnuts, cashews, almonds, etc.).

The Bay Cafe staff must be wary of cross contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

School Grounds/Yard Duty

All staff on yard duty are trained in the administration of the Adrenaline Device and will be able to respond quickly to an allergic reaction if needed. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

The Adrenaline Device and each student's individual ASCIA Action Plan for Anaphylaxis is easily accessible from the yard, and staff should be aware of their exact location. Where appropriate, an Adrenaline Device may be carried in the school's yard duty bag.

Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. The school will endeavour to keep lawns and clover mowed and outdoor bins covered.

Students should keep drinks and food covered while outdoors.

Special onsite events (e.g. sporting events, incursions, class parties, etc.)
School staff should avoid using food in activities or games, including as rewards.

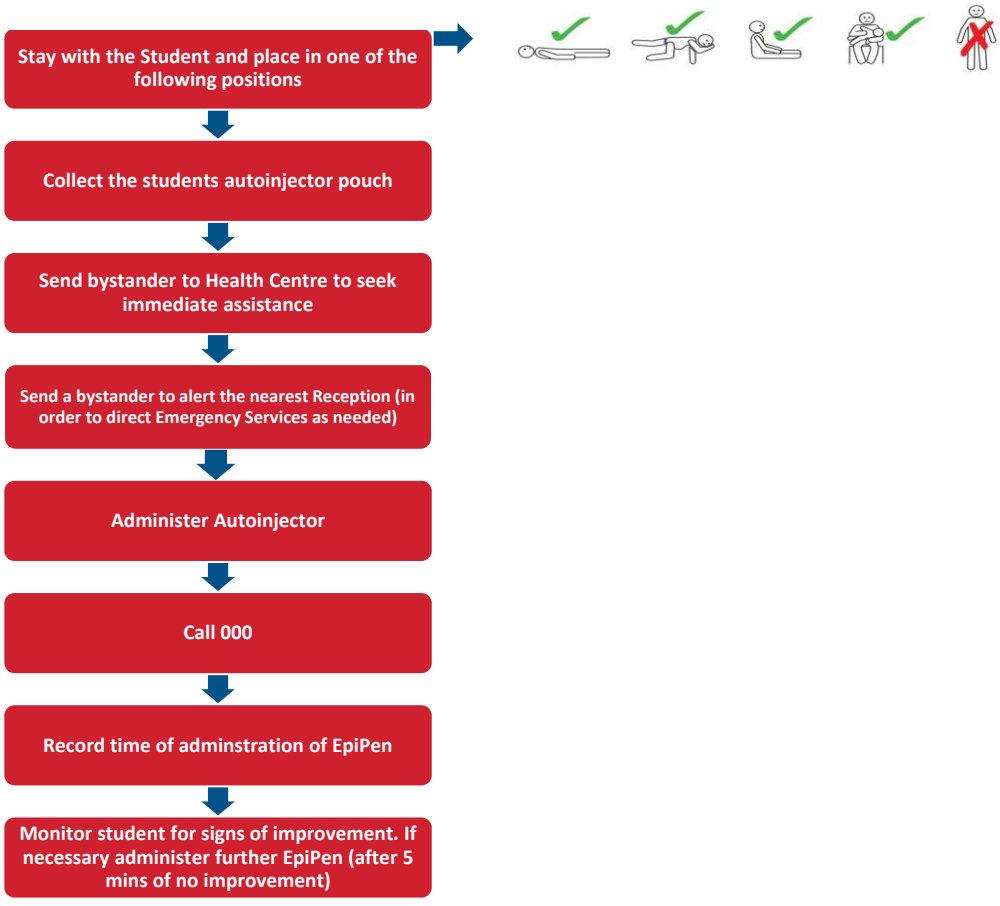
For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents send a meal for the student. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.

Party balloons should not be used if any student is allergic to latex.

If students from other schools are taking part in an event at the school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree 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 should bring their own Adrenaline Device with them to events outside their own school.

Communication Plan for in-school settings during normal activities - *including classrooms, grounds/yard, Bay Cafe, and events.*
In the event of an anaphylactic reaction in the classroom, Bay Cafe or school yard during a school day, the student's ASCIA Action Plan should be implemented immediately, and the School Nurse contacted.



Sporting events (including GSV competitions)

The supervising teacher of the sporting event must obtain 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, familiarise themselves with the students' Individual Anaphylaxis Management Plans procedures for managing anaphylaxis, and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

Sufficient school staff supervising the event must be trained in the administration of a Device and be able to respond quickly to an anaphylactic reaction if required.

The Device for each student at risk of anaphylaxis along with the generic school Adrenaline Device should be easily accessible and school staff supervising the event must be aware of their exact location. Details of all student's allergy and management of a reaction are available on Consent2go and all staff attending the event must ensure they have corrected access via the Consent2go APP.

For each event, a risk assessment must 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.

Students at risk of anaphylaxis must take their own Device with them to events being held at other schools. A generic Device will also be taken by the supervising teacher's part of the travel first aid kit as well as the student's second personal Device that is in their anaphylaxis pouch stored in the ELC classroom, Junior School print room or Senior School student services.

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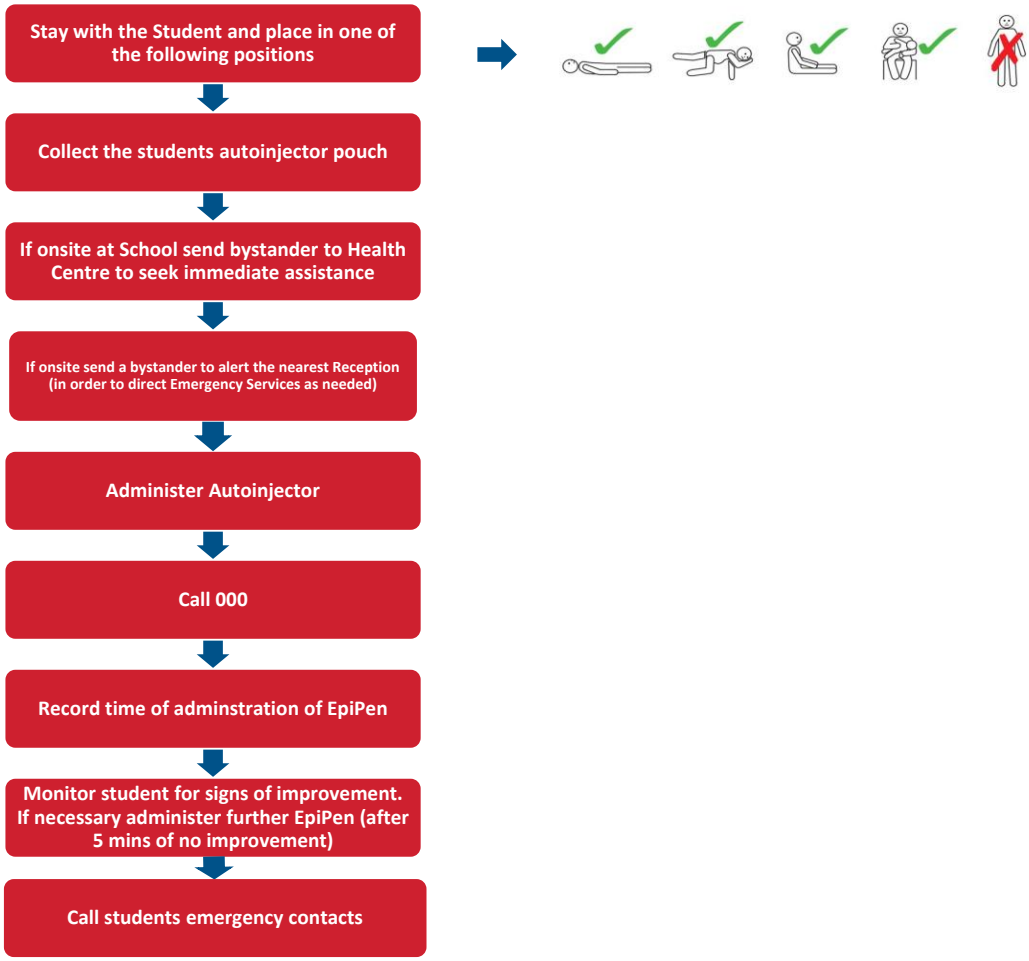
Communication Plan for sporting events

In the event of an anaphylactic emergency at a sporting events the following should be implemented.



Camps and Excursions, or at special offsite events conducted, organised, or attended by the school.

The school will ensure that there are sufficient staff attending each event who are trained in anaphylaxis management and the administration of an Adrenaline Device.

The supervising teacher of any off-site activity (such as camps, excursions, and special events) must ensure that student Individual Anaphylaxis Management Plans (including their ASCIA Action Plan) are available via Consent2go or alternate electronic means during the activity and are readily accessible to all supervising staff.

The supervising teacher must ensure that all staff are aware of students in attendance with anaphylaxis and know how to access C2go for this purpose prior to the excursion, camp or event taking place. A school mobile phone will always be taken on camps and excursions for use by staff in the event of an emergency. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

All students with diagnosed anaphylaxis must take at least one personal Device with them on every excursion, camp, or special event. The school will also take a generic device, and an action plan will also be available in the school's travel first aid kit as well as the students second personal Device that is in their anaphylaxis pouch stored in the ELC classroom, Junior School print room or Senior School student services.

The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. If food is to be consumed at the camp, excursion or event, staff must consult with parents in advance to either develop and alternative food menu or request parents to provide food for the student. The supervising teacher must also inform parents/carers and other students about foods that may cause allergic reactions and request that they avoid providing their child with treats.

Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.

The school 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. Schools have a duty of care to protect students in their care from foreseeable injury and this duty cannot be delegated to any third party.

- If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and consider alternative means for providing food for those students.
- Use of substances containing known allergens should be avoided altogether where possible.
- Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

If a camp or excursion takes place in a remote location the supervising teacher will contact 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 and ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.

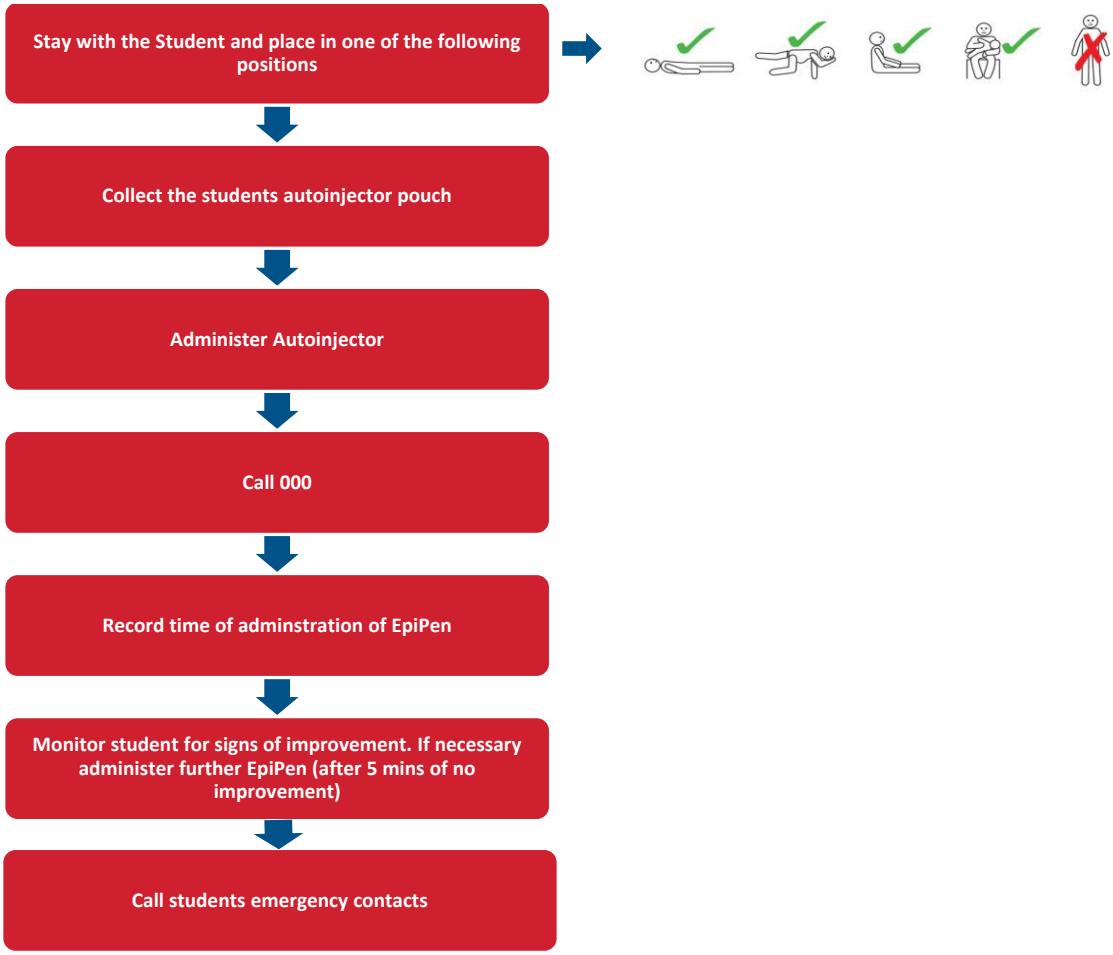
Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

Cooking and art and craft games should not involve the use of known allergens.

Consider the potential exposure to allergens when consuming food on buses. Food will not be permitted to be eaten in tents or cabins where possible.

Communication Plan for Camps and Excursions, or at special offsite events conducted, organised, or attended by the school.

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 Head of School should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.



Overseas travel

The supervising teacher should, in consultation with the Head of School, School Nurse, and the Risk and Compliance Manager, review and consider risk mitigation strategies for overseas travel.

The student must have a Fitness to Participate completed by their treating practitioner. This should be reviewed in conjunction with a red ASCIA Action Plan for Anaphylaxis to determine risk management.

The school must also involve parents and where possible the treating doctor in discussions regarding risk management well in advance.

The following risk areas and strategies should be considered prior to travel:

- Travel to and from the airport/port.
- Travel to and from Australia (via airplane, ship etc).
- Accommodation venues.
- All towns and other locations to be visited sourcing safe foods at all these locations.
- Risks of cross contamination, including:
- Exposure to the foods of the other students.
- Hidden allergens in foods.
- Whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction.
- Whether the other students will be able to wash their hands when handling food.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- Translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language.
- Sourcing of safe foods at all stages.
- Obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited.
- Obtaining emergency services contact details (obtain the local number or confirm use of 112)
- Determine the ability to purchase additional Devices.

The students' parents should determine if appropriate personal travel insurance must be taken in addition to any school insurance coverage that may be offered. A record of student travel insurance, including contact details of the insurance should be detailed in the risk assessment.

Planning for the appropriate supervision of students at risk of anaphylaxis always, including that:

- There are sufficient school staff attending the excursion who have been trained in accordance with clause 12 of the Ministerial Order 706.
- There is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are feeling unwell, are taking medication, eating food, or being otherwise exposed to potential allergens.
- There will be capacity for adequate supervision of any affected student(s) requiring medical. treatment, and that adequate supervision of the other students will be available.
- Staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

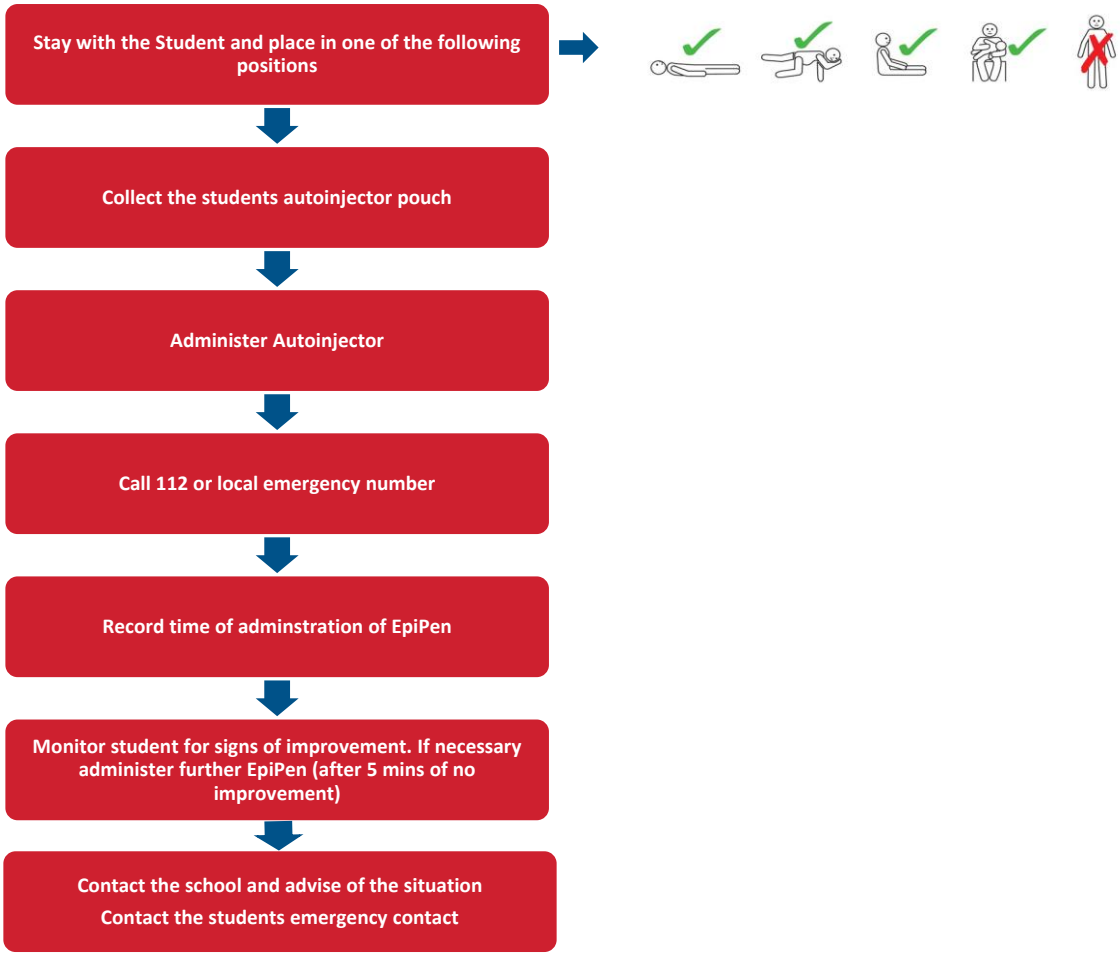
The school, as part of the risk assessment process, will review its emergency response procedures and adapt them to the circumstances of the overseas trip.

The risk assessment will include a record of relevant information such as the following:

- Dates of travel.
- Name of airline, and relevant contact details.
- Itinerary detailing the proposed destinations, flight information and the duration of the stay in each location.
- Hotel addresses and telephone numbers.
- Proposed means of travel within the overseas country.
- 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.
- 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.
- Emergency contact details of hospitals, ambulances, and medical practitioners in each location.
- Details of travel insurance.
- Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans.
- Possession of a mobile phone or other communication device that would enable the school. staff to contact emergency services in the overseas country if assistance is required.

Communication Plan

In the event of an anaphylactic reaction while overseas, the teacher is to immediately implement the student's emergency ASCIA Action Plan. The Head of School should be notified without delay.



Work experience.

The school will involve parents, the student, and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Device in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Staff should also consult the Risk Minimisation Strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools (Anaphylaxis: Policy | education.vic.gov.au).

Travel to and from school-by-school bus.

School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. The student's personal Adrenaline Device and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is considered too young to carry an Adrenaline Device on their person at school.

12. Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students, and others witnessing the reaction. In case of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the School Nurse, Head of School, Head of Year, School Counsellor, or School Psychologist.

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 report via mConnect that includes full details of the event and what occurred.
- Debrief with students directly involved as witnesses to the event.
- Debrief of staff involved.
- Communication with the Principal, Head of School, and School Nurse about 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.
- Review the student's individual management plan and implement updated risk prevention strategies (where applicable).

Review of the Schools Anaphylaxis and Allergy Management Policy to decide areas of improvement.

13. Review

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

1. The Adrenaline Device must be replaced by the parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Device being provided by the parents.
3. The student's Individual Anaphylaxis Management Plan should be reviewed by the School Nurse in consultation with the student's parents and if possible, the treating specialist.
4. The school's Anaphylaxis Management Policy should be reviewed to learn whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students.

14. Communication of this Policy

The Anaphylaxis and Allergy Management Policy and Communication Plan will be available to staff, students and the community via the following platforms:

- Staff training.
- Effective communication with the School Community through E-News and the Parent Portal.
- Effective record keeping procedures.
- Initiation of corrective actions where necessary.

15. Policy status and review

The school will regularly check is compliance requirements in relation to Ministerial Order 706 and update policies and procedures to reflect all obligations.

The school will complete an annual risk assessment on Anaphylaxis policies and processes to meet obligations, keep students with anaphylaxis safe and always ensure best practice.

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16. Governance Table

Record Number	POL-STUAA-003		
Policy Owner	Principal	Policy Endorsement	Council
Approval Date	June 2025	Next Review	May 2027
Review frequency	Every 2 years		
Relation Resources	• Asthma Policy • First Aid Policy • Medication Management Policy • Student Duty of Care Policy		
Policy Management	The Principal administers this policy		

17. Revision History

Document Number	Date	Revision Description	Approval
n/a	October 2021	Allergies and Anaphylaxis Management Policies Manual	SMT
POL-STUAA-002	June 2025	Review in line with MO706 and VRQA guidelines	SMT/Council
POL-STUAA-003	November 2026	Change of wording from EpiPen to Auto Adrenaline Device to cover all devices	N/A

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Appendix A

Principal Responsibilities – Delegation of Duties

To ensure effective school management and the smooth operation of daily activities, principals may delegate specific duties to staff members. This delegation ensures that responsibilities are managed efficiently. While the Principal retains overall accountability, delegated staff are entrusted with carrying out tasks, making decisions within their scope, and reporting progress or outcomes back to the Principal.

Responsibility	Staff Member
Ensure that the school develops, implements, and routinely reviews this policy in accordance with Ministerial Order No. 706 and guidelines.	Risk and Compliance Manager
Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier).	School Nurse Enrolment Department
Ensure that parents/carers supply an ASCIA Action Plan for Anaphylaxis annually which has been completed and signed by the student's medical practitioner and has an up- to-date photograph of the student.	School Nurse
Ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.	School Nurse
Ensure students' Individual Anaphylaxis Management Plan are in place and communicated to all relevant staff as soon as practical after the student enrols at the school and where possible before the student's first day of attendance at that school.	School Nurse
Ensure that parents/carers provide the School with an Adrenaline Device for their child that is not out of date and a replacement Adrenaline Device is supplied when asked.	School Nurse
Ensure that a proper Communication Plan(s) is/are developed, to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.	School Nurse
Ensure there are procedures in place for supplying information to casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care.	Director of School Operations Head of Junior School Head of Senior School
Ensure that relevant school staff have successfully completed an approved Anaphylaxis Management training course and that their accreditation is current.	Risk and Compliance Manager School Nurse Human Resources
Ensure that school staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting Device competency checks and that their accreditation is current.	Risk and Compliance Manager School Nurse
Ensure that all school staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the school staff).	School Nurse
Give time, such as during staff meetings, to discuss, practice and review this policy and related procedures and guidelines, as necessary.	Head of Junior School Head of Senior School Director of School Operations
When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of school staff outside of normal activities, including at camps and excursions, or at special events	Risk and Compliance Manager School Nurse Head of Junior School

conducted, organised or attended by the school, ensure that there is a sufficient number of staff present who have been trained in accordance with clause 12 of MO706	Head of Senior School Supervising teacher of the event
Encourage regular and ongoing communication between parents and school staff about the status of the student's allergies, the school's policies, and their implementation. ○ annually at the beginning of each school year. ○ when the student's medical condition changes. ○ as soon as practical after a student has an anaphylactic reaction at school; and ○ whenever a student is to take part in an off-site activity such as camps or excursions or at special events conducted, organised, or attended by the school.	School Nurse Head of Junior School Head of Senior School
Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually	School Nurse
Arrange for the purchase of additional Adrenaline Device (s) for general use and as back up to those supplied by parents.	School Nurse