



Bacchus Marsh
Grammar

School POLICY

STUDENT DUTY OF CARE

Allergies and Anaphylaxis Management Policy and Procedures

(source: Ideagen Complispace)

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Allergies and Anaphylaxis Management Policy and Procedures

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1 Purpose

This Policy describes how Bacchus Marsh Grammar (the School) promotes allergy awareness and manages student allergies, including where students are at risk of anaphylaxis.

It is written in accordance with the requirements of Ministerial Order No. 706 Anaphylaxis Management in Victorian Schools and School Boarding Premises (Ministerial Order No. 706) and the guidance provided in the Victorian Department of Education's Anaphylaxis Guidelines (Anaphylaxis Guidelines).

Allergic reactions occur when the immune system reacts to substances (allergens) in the environment that are usually harmless. Allergic reactions can be mild, moderate, or severe.

Anaphylaxis is the most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline through an adrenaline (epinephrine) injector (such as an EpiPen® or Anapen®).

The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants, and ticks), latex and medications.

The key to prevention of allergic reactions in school is knowledge of students who have been diagnosed as being at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as providing age-appropriate education for students.

It is important to remember that minimisation strategies to help reduce the risk of allergic reactions are everyone's responsibility, including the Principal and all School staff, parents/guardians, students, and the broader School community.

2 Scope

2.1.1 This Policy applies to all staff, parents/guardians, volunteers and contractors at the School.

3 Roles and Responsibilities

3.1 Principal

3.1.1 To assist school principals in meeting their responsibilities and discharging their duty of care to students, the Anaphylaxis Guidelines set out the key obligations under Ministerial Order No. 706 and suggest risk minimisation strategies, as follows:

- 3.1.1.1 ensure that the School develops, implements and annually reviews this Policy in accordance with Ministerial Order No. 706 and the Anaphylaxis Guidelines
- 3.1.1.2 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)
- 3.1.1.3 ensure that parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- 3.1.1.4 ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the School has been notified of that diagnosis
- 3.1.1.5 ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- 3.1.1.6 ensure that the canteen provider and all its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices
- 3.1.1.7 ensure that parents/carers provide the School with two adrenaline autoinjector for their

- child, for which the expiry date is at least 1 month in the future, and a replacement adrenaline autoinjector when requested to do so
- 3.1.1.8 ensure that an appropriate Communication Plan is developed to provide information to all School staff, students and parents/carers about anaphylaxis and this Policy
- 3.1.1.9 ensure there are procedures in place for providing information to the School volunteers and 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
- 3.1.1.10 ensure that relevant School staff have successfully completed an approved Anaphylaxis Management Training Course in the prior three years (for face-to-face training) or two years (for the ASCIA e-training)
- 3.1.1.11 ensure that School staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices (every three years)
- 3.1.1.12 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), with the information covered including:
- this Policy
 - the causes, symptoms, and treatment of anaphylaxis
 - the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication
 - how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (that does not contain adrenaline)
 - the School's general first aid and emergency procedures
 - the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
 - the location of adrenaline autoinjector devices that have been purchased by the School for general use
- 3.1.1.13 allocate time, such as during staff meetings, to discuss, practise, and review this Policy. Practise using the adrenaline autoinjector trainer devices as a group and undertake drills to test the effectiveness of the School's general first aid procedures
- 3.1.1.14 encourage regular and ongoing communication between parents and School staff about the current status of the student's allergies, the School's policies and their implementation
- 3.1.1.15 ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents
- annually at the beginning of each school year
 - when the student's medical condition changes
 - as soon as practicable after a student has an anaphylactic reaction at school
 - whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- 3.1.1.16 ensure that, where students at risk are under the care or supervision of the school outside of normal class activities, there is a sufficient number of appropriately trained staff present
- 3.1.1.17 ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually
- 3.1.1.18 arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the School's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).
- 3.1.2 Casual relief staff regularly employed at the School should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools
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3.2 School Anaphylaxis Supervisor

- 3.2.1 Anaphylaxis Supervisors must complete the School Anaphylaxis Supervisor Checklist in conjunction with the Principal and other School staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the School.
- 3.2.2 Chapter 9 of the Anaphylaxis Guidelines sets out the role and responsibilities of the School Anaphylaxis Supervisor.
- 3.2.3 Anaphylaxis Supervisors:
- 3.2.3.1 work with the Principal to develop, implement and regularly review this Policy
 - 3.2.3.2 obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector
 - 3.2.3.3 verify the correct use of adrenaline autoinjector (trainer) devices by other School staff undertaking an Online Training Course
 - 3.2.3.4 provide access to the adrenaline autoinjector (trainer) device for practice by School staff
 - 3.2.3.5 send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to maintain records of training undertaken by staff at the School
 - 3.2.3.6 lead the twice-yearly anaphylaxis School briefing
 - 3.2.3.7 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:
 - if a bee sting occurs on School grounds and the student is conscious
 - an allergic reaction where the student has collapsed on School grounds and the student is not conscious
 - 3.2.3.8 keep an up-to-date register of students at risk of anaphylaxis
 - 3.2.3.9 keep a register of adrenaline autoinjectors, 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.)
 - 3.2.3.10 work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
 - ensure that the student’s emergency contact details are up to date
 - ensure that the student’s ASCIA Action Plan for Anaphylaxis matches the student’s supplied adrenaline autoinjector
 - regularly check that the student’s adrenaline autoinjector is not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
 - inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced
 - ensure that the student’s adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
 - ensure that a copy of each student’s ASCIA Action Plan for Anaphylaxis is stored with that student’s adrenaline autoinjector
 - 3.2.3.11 provide advice and guidance to School staff about anaphylaxis management in the School, and undertake regular risk identification and implement appropriate minimisation strategies
 - 3.2.3.12 work with School staff to develop strategies to raise their own, students and School community awareness about severe allergies
 - 3.2.3.13 provide or arrange post-incident support (e.g. counselling) to students and School staff, if appropriate.

3.3 Staff

- 3.3.1 To assist School staff who conduct classes attended by students at risk of anaphylaxis, and other School staff where relevant, Chapter 9 of the Anaphylaxis Guidelines sets out a summary of some of the key obligations under Ministerial Order No. 706 and suggested risk minimisation strategies, as follows:
- 3.3.1.1 know and understand this Policy
 - 3.3.1.2 know the identity of students who are at risk of anaphylaxis; know them by face and if possible, what their specific allergy is
 - 3.3.1.3 understand the causes, symptoms, and treatment of anaphylaxis
 - 3.3.1.4 obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector
 - 3.3.1.5 know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction
 - 3.3.1.6 know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction
 - 3.3.1.7 know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept
 - 3.3.1.8 know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan
 - 3.3.1.9 plan 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), either at the School, or away from the School
 - 3.3.1.10 avoid the use of food treats in class, as these may contain allergens
 - 3.3.1.11 work with parents/carers to provide appropriate food for their child if the food the School/class is providing may present an allergy risk
 - 3.3.1.12 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
 - 3.3.1.13 be aware of the risk of cross-contamination when preparing, handling and displaying food
 - 3.3.1.14 make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
 - 3.3.1.15 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.
- 3.3.2 All staff must follow the anaphylaxis management guidelines set out in this Policy, be allergy aware and actively promote Bacchus Marsh Grammar as an allergy-aware school.

3.4 Parents/Carers

- 3.4.1 Chapter 9 of the Anaphylaxis Guidelines sets out the role and responsibilities of the parents/carers of a student at risk of anaphylaxis.
- 3.4.2 Parents/carers must:
- 3.4.2.1 inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis
 - 3.4.2.2 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
 - any other relevant emergency procedures
 - 3.4.2.3 immediately inform School staff in writing of any changes to the student's medical

- condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis
- 3.4.2.4 provide the School with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed
 - 3.4.2.5 meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies
 - 3.4.2.6 provide the School with two Adrenaline Autoinjectors for which the expiry date is at least 1 month in the future and any other medications that are current and not expired
 - 3.4.2.7 replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used
 - 3.4.2.8 assist School staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days)
 - 3.4.2.9 if requested by School staff, assist in identifying and/or providing alternative food options for the student when needed
 - 3.4.2.10 inform the School in writing of any changes to the student's emergency contact details
 - 3.4.2.11 participate in reviews of the student's Individual Anaphylaxis Management Plan.

4 Policy Statement

- 4.1.1 Bacchus Marsh Grammar (the School) 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 school boarding premises (Ministerial Order No. 706), and the Department of Education's Anaphylaxis Guidelines (Anaphylaxis Guidelines) as amended by the Department from time to time.
- 4.1.2 Specific requirements of Ministerial Order No. 706 regarding Individual Anaphylaxis Management Plans, Adrenaline Autoinjectors – Purchase, Storage and Use, a Communication Plan, Emergency Response Procedures, Risk Minimisation Strategies and Anaphylaxis Training and Briefings are addressed in appendices to this Policy.
- 4.1.3 The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.
- 4.1.4 It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.
- 4.1.5 It is the School's policy to:
 - 4.1.5.1 provide, as far as practicable, a safe and supportive environment in which students with allergies, including those at risk of anaphylaxis, can participate equally in all aspects of schooling
 - 4.1.5.2 raise awareness of allergies, the risk of anaphylaxis and the School's allergies and anaphylaxis policy in the School community
 - 4.1.5.3 engage with parents/guardians of each student with an allergy when assessing risks and developing risk minimisation strategies for the student
 - 4.1.5.4 ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

5 Our Duty of Care

- 5.1.1 The School has a common law duty of care to put in place strategies to manage students with allergies, including those at risk of anaphylaxis, while they are at the School and engaged in School-related activities.
 - 5.1.2 When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an
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Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

6 Procedures

6.1 Being Allergy Aware

- 6.1.1 Given the number of substances to which a student may be allergic, it is not possible to remove all allergens.
- 6.1.2 It is better for the School Community to become aware of the risks associated with allergies and for the School to implement practical, age-appropriate strategies to minimise exposure to known allergens.
- 6.1.3 At Bacchus Marsh Grammar we do not promote that we either ‘ban allergens’ such as egg and nuts or are ‘nut-free, milk-free or egg-free’ etc. Promoting the School as ‘allergen-free’ is not recommended for the following reasons:
- it is impractical to implement and enforce
 - there is no evidence of effectiveness
 - it does not encourage the development of strategies for avoidance in the wider School community, and
 - it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.
- 6.1.4 We consider that being ‘allergy aware’ is a more appropriate term.
- 6.1.5 While we do not claim to be ‘nut-free’, minimising exposure to particular foods such as peanuts and tree nuts, which are not staple foods that provide essential nutrients, can reduce the level of risk. This can include removing nut spreads and products containing nuts from the School canteen and food preparation classes but does not include removing products that ‘may contain traces’ of peanuts or tree nuts. Foods that have ‘May contain...’ statements can be consumed by students without a food allergy in the same location as students with a food allergy as long as they are not shared with Students with a food allergy. It is important that students with allergies are not isolated from other students.
- 6.1.6 We may also request that parents/guardians of classmates of a young student (4-7 years) do not include nut spreads in sandwiches or products containing nuts in their lunch box. This is not a nut ban, but a strategy to reduce risk to the student until they are more able to care for themselves.

6.2 Raising Student Awareness

- 6.2.1 Peer support and understanding is important for the student at risk of allergies (in particular, anaphylaxis).
- 6.2.2 Staff can raise awareness through fact sheets or posters displayed in hallways, canteens, and classrooms or in class lessons.
- 6.2.3 Class teachers can discuss the topic with students in class, with a few simple key messages:
- always take food allergies seriously
 - don’t share your food and eating utensils with friends who have food allergies or pressure them to eat food that they are allergic to
 - not everyone has allergies – discuss common symptoms
 - wash your hands before and after eating
 - know what your friends are allergic to
 - if a schoolmate becomes sick, get help immediately
 - be respectful of a schoolmate’s medical kit.
- 6.2.4 For more information about raising student awareness specifically about anaphylaxis, refer to Communication Plan – Anaphylaxis: <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/11-communication-plan>

6.3 Raising General School Community Awareness

- 6.3.1 The School provides information about our allergy awareness strategy to the broader School community, including parents, through newsletters, fact sheets, posters and other publications.
- 6.3.2 For more information about raising awareness specifically about anaphylaxis in the School community, refer to Communication Plan – Anaphylaxis.

6.4 Liaising with Parents/Carers of Students with Allergies and Anaphylaxis

- 6.4.1 Parents/carers of a student who is at risk of allergies (in particular anaphylaxis) may experience high levels of anxiety about sending their child to school.
- 6.4.2 It is important to encourage an open and cooperative relationship with parents/carers so that they feel confident that appropriate risk minimisation strategies are in place.
- 6.4.3 One way of doing this is to liaise with parents/guardians about food-related activities ahead of time.
- 6.4.4 In addition to implementing risk minimisation strategies, the anxiety that parents/carers and the student may feel can also be considerably reduced by keeping them informed of the increased education, awareness and support from the School community.

6.5 Risk Management Checklist

- 6.5.1 The Principal completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines, to monitor our obligations.
- 6.5.2 We regularly check the Department of Education's Anaphylaxis page to ensure the latest version of the Risk Management Checklist is used.

6.6 The School's Anaphylaxis Supervisors

- 6.6.1 The Anaphylaxis Guidelines recommend that the Principal nominates a staff member to undertake appropriate training to be able to verify the correct use of autoinjector (trainer) devices and lead the twice-yearly briefings on the School's anaphylaxis management policy (Anaphylaxis Supervisor). It is recommended that at least two Anaphylaxis Supervisors per school or campus are appointed at the School.
- 6.6.2 At non-government schools, this staff may include a:
 - School-employed nurse
 - first aid coordinator
 - health and wellbeing coordinator or other health and wellbeing staff
 - senior/leading teacher.
- 6.6.3 Bacchus Marsh Grammar has appointed the following staff members as its Anaphylaxis Supervisors:
Jo Stanley, School Nurse
Belinda Mardesic, School Nurse
Jade John, School Nurse
Lynne Percy, School Nurse
Melissa Glen, First Aid Coordinator
- 6.6.4 Refer to Responsibilities: School Anaphylaxis Supervisor for more information in section 3.2.

6.7 Signage

- 6.7.1 Allergy awareness signage is posted in various locations around the School.
- 6.7.2 ASCIA Action Plans are located with first aid procedures as well as being in each student's medical kit with their Adrenalin Autoinjector.
- 6.7.3 With written permission from parents/carers, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the School.

- 6.7.4 Each student's individualised anaphylaxis care plan will be reviewed, in consultation with the student's parents/guardians:
- annually, and as applicable
 - if the student's condition changes
 - immediately after the student has an anaphylaxis reaction.
- 6.7.5 It is the responsibility of the parent/guardian to:
- supply a current photo
 - share as much detailed information as possible. For example, circumstances surrounding previous anaphylaxis, diagnosis of asthma, medications taken at home
 - inform the School if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.
- 6.7.6 If staff and parents/guardians have difficulty agreeing on management strategies, communication with the student's medical practitioner should be considered.

6.8 ASCIA Action Plans

- 6.8.1 The ASCIA Action Plan is just one part of the individualised anaphylaxis care plan for every child at risk of anaphylaxis. The ASCIA Action Plan details emergency management of the student's condition.
- 6.8.2 There are different ASCIA Action Plans available from the **ASCIA website**:
- 6.8.3 **ASCIA Action Plan for Allergic Reactions (Green)** – this plan is for students who have not been prescribed an adrenaline autoinjector. These students usually have mild to moderate allergies and are at low risk of having an anaphylaxis, but there is still a risk.
- 6.8.4 **ASCIA Action Plan for Drug (Medication) Allergy (Green)** - this plan is for students with medication allergies who are not usually prescribed an adrenaline injector.
- 6.8.5 **ASCIA Action Plan for Anaphylaxis (Red)** – this plan is for individuals who have been prescribed an adrenaline autoinjector. These students have usually had a previous severe allergic reaction/anaphylaxis to triggers (other than medications) and are those deemed to be at high risk by their doctor or medical practitioner.
- 6.8.6 **ASCIA First Aid Plan for Anaphylaxis (Orange)** - this plan is for adrenaline autoinjectors that are for general use. This plan has no space for personal details, can be used as a poster and must be stored with any adrenaline autoinjector for general use that is not prescribed for a specific person (i.e. it should sit in a School first aid kit for use on anyone showing signs and symptoms of anaphylaxis).
- 6.8.7 The ASCIA Action Plan must be completed and signed by a medical practitioner.
- 6.8.8 The ASCIA Action Plan needs to be renewed at least every 18-24 months (most students renew their ASCIA Action Plan with each new prescription of adrenaline autoinjector as they expire every 12-18 months).
- 6.8.9 Parents/guardians of students with an ASCIA Action Plan must provide a current copy of the current ASCIA Action Plan signed by the student's medical practitioner to the School.
- 6.8.10 ASCIA Action Plans should be documented, communicated, and displayed, as necessary, considering any privacy requirements.

6.9 Staff Training

- 6.9.1 Generally, the School promotes allergy awareness.
- 6.9.2 Whenever a student with an allergy or at risk of anaphylaxis is under the care or supervision of the School, including excursions, yard duty, camps and special event days, the School must ensure that there are a sufficient number of staff present who have up-to-date training and know how to prevent, recognise and treat allergic reactions, including anaphylaxis.
- 6.9.3 Accordingly, all School staff who have regular contact with students at risk of anaphylaxis must undertake training in anaphylaxis management at least every two years. This training should include:
- preventing exposure to known allergens

- how to recognise a reaction
- how to respond to an emergency, including practical training in the use of an adrenaline autoinjector.

- 6.9.4 Anaphylaxis refresher training, including hands-on practice with adrenaline autoinjector trainer devices, should be undertaken at least twice each year. This should include a revision of signs and symptoms and a reminder of which students are at risk of anaphylaxis.
- 6.9.5 Training should take place before staff start working at the School or on the first day of commencing work at the School.
- 6.9.6 Staff responsible for preparing and serving food (e.g. staff in canteens, staff in food technology classes, boarding school cooks) should also undertake food allergen management training at least every two years. Untrained staff and volunteers should not be given the responsibility of preparing or serving food to students.
- 6.9.7 The School ensures that all staff understand that unexpected allergic reactions, including anaphylaxis, might occur for the first time in students not previously identified as being at risk, while in the School setting.
- 6.9.8 The School keeps a register that includes the names of all staff members who have completed the training and the date of completion.

6.10 Emergency Response Plan for Students at Risk of Anaphylaxis

- 6.10.1 For students having anaphylaxis, the following first aid steps should generally be followed:
1. Lay the student flat and do not allow them to stand or walk.
 - a) If the student is unconscious, place them in the recovery position.
 - b) If breathing is difficult, allow the student to sit with their legs outstretched.
 2. Ensure the student is no longer exposed to the allergen or trigger.
 3. If the student is carrying their adrenaline autoinjector, follow the instructions on the relevant ASCIA Action Plan and give the adrenaline autoinjector accordingly.
 4. If the student is not carrying their adrenaline autoinjector, but has one in the office or their classroom, there must be a system in place to get the adrenaline autoinjector to the student quickly. An adrenaline autoinjector for general use from one of the School's communal medication locations using the general ASCIA Action Plan for instructions can also be administered.
 5. **Call an ambulance on triple zero "000".**
 - a) Until the ambulance arrives the student must not be allowed to stand or walk (even if they appear well) and should remain lying flat or sitting with legs outstretched if breathing is difficult
 - b) Where an ambulance is not available, staff should follow the directions of the ambulance service. If the student needs to be transported to a health care service, staff should stretch the student to a vehicle. They must not be allowed to stand or walk, even if they appear to be well.
 6. Alert the student's parents/guardians.
 7. Further adrenaline autoinjector doses may be given if no response after five minutes.
 8. Commence CPR at any time if the student is unresponsive and not breathing normally.
 9. The student must remain in hospital for at least four hours of observation.

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

- 6.10.2 The School may also develop additional site-specific emergency response plans.
- 6.10.3 Staff should practise scenarios for responding to an anaphylaxis emergency at least once a year.
- 6.10.4 For other incidents, refer to our Critical Incident Response Procedures and First Aid policy.

6.11 Medication and Adrenaline Autoinjector Storage and Location

- 6.11.1 Where students have been prescribed adrenaline injectors, parents/carers must provide two up-to-date adrenaline autoinjectors to the School, accompanied by a copy of the student's ASCIA Action Plan, while students attend School and on School-related activities or excursions. Whenever a student at risk of anaphylaxis participates in activities outside of the School such as excursions and camps, the student's individual ASCIA Action Plan and both the student's prescribed devices must be taken.
- 6.11.2 All adrenaline autoinjectors and medication must be stored and located as per discussion with each parent/guardian and checked regularly to ensure that they have not expired, become discoloured, or sediment is visible. If the School notices that a student's personal adrenaline autoinjector is about to expire or damaged, they should alert parents as soon as practicable.
- 6.11.3 For children under 10 years, it is not advised that they carry their medication kit (including their adrenaline autoinjector) on their person unless they:
- travel to school without an adult present, or
 - have been advised to do so by their prescribing medical practitioner.
- 6.11.4 Students above the age of 10 years may carry their own medical kit (including their adrenaline autoinjector and ASCIA Action Plan) on their person at all times. If this is the case, it will be listed in the student's individualised anaphylaxis care plan.
- 6.11.5 Students who carry their own medication kit must always have their adrenaline autoinjector with them as they move from class to class, are at activities off the School grounds and during travel to and from the School without parental/adult supervision. These students can either carry their medical kit in a bum bag, pocket, sports belt, belt holster or in their school bag. If in their school bag, the bag must be taken with them everywhere and not placed in their locker or on other communal bag racks. The medical kit must always be easily accessible.
- 6.11.6 The School also keeps adrenaline autoinjectors for general use that can be used:
- on someone not previously diagnosed
 - on an individual known to be at risk of anaphylaxis that does not have their own device immediately accessible or has an out-of-date device
 - when a second dose of adrenaline is required before an ambulance has arrived
 - if an individual's device has misfired or accidentally been discharged.
- 6.11.7 Adrenaline autoinjectors for general use must be stored in various locations around the School which are kept out of reach of young children and are known to and easily accessible by staff, (i.e. not in a locked cupboard). Adrenaline injectors should be stored at room temperature (not in the fridge) away from direct sunlight. A copy of the ASCIA Action Plan for Anaphylaxis for General Use must also be stored with each adrenaline autoinjector for general use.
- 6.11.8 The School will conduct a risk assessment to determine the number of appropriate devices required, taking into consideration on-site activities, camps and excursions and the student cohort.
- 6.11.9 The School maintains general adrenaline autoinjectors and other relevant medication in the following location/s:
- Health Centre
 - Reception at the Maddingley and Woodlea campus (located with the defibrillator)
 - Hospitality Centre at the Maddingley campus (located with the defibrillator)
 - The Hive - ground floor (located with the defibrillator)
 - All Student adrenalin autoinjectors are kept in the Health Centre at the Maddingley and Woodlea campuses
 - Staughton Vale in the Health Centre (located with the defibrillator)
- 6.11.10 Whenever a student at risk of anaphylaxis participates in activities outside of the School such as excursions and camps, an appropriate number of the School's adrenaline autoinjectors for general use must be taken with an ASCIA Action Plan for Anaphylaxis for General Use. General use adrenaline

injectors are additional to a student's prescribed adrenaline injector and not a substitute for prescribed devices.

- 6.11.11 If there is no adrenaline autoinjector for general use available at the School, the School will use another student's device if an incident of anaphylaxis occurs. Staff will then supervise the student whose device was used to ensure minimisation of exposure to any risks.
- 6.11.12 Once a student's adrenaline injector has been used, the School must let parents/carers know so that it can be replaced as soon as possible. If a general use adrenaline injector has been used, the School must replace it immediately.
- 6.11.13 Training autoinjector devices will never be stored in the same location as general use adrenaline autoinjectors at the School and will be clearly labelled as training devices to avoid the risk of confusion.
- 6.11.14 All used adrenaline injectors should be disposed of appropriately.
- 6.11.15 Generally, any used adrenaline autoinjector should accompany a student to the hospital.

6.12 Management of School's Adrenaline Autoinjector(s) for General Use

- 6.12.1 The Principal reviews all adrenaline autoinjectors (both general use and prescribed) kept at the School visually on an annual basis to make sure they are not expired or damaged, and arranges for them to be replaced as necessary. Most adrenaline autoinjectors have a one-or-two-year expiry.
- 6.12.2 Where an adrenaline autoinjector for general use is expired and no other device is available, the School may use this device if there is an incident of anaphylaxis, rather than using no device at all.

6.13 Self-Administration of an Adrenaline Autoinjector

- 6.13.1 The School Nurse will determine in consultation with the student and their parents/guardians whether a student can carry their own adrenaline autoinjector and/or administer their own adrenaline autoinjector should anaphylaxis occur.
- 6.13.2 The School Nurse will make this assessment on a case-by-case basis, determining whether the student is capable of self-administration, and whether it is age appropriate.
- 6.13.3 If a student self-administers their own adrenaline autoinjector, a staff member should supervise the student at all times and be prepared to provide assistance if the student's condition deteriorates to the point that they are confused or unable to self-administer for any reason.

6.14 Other Risk Minimisation

- 6.14.1 The School may implement the following applicable risk minimisation strategies designed to identify allergens, prevent exposure to them and enhance our response in case of anaphylaxis.

6.15 In the Classroom

- 6.15.1 In the classroom, teachers (including relief teachers and volunteers) should:
 - be trained to recognise and respond to an allergic reaction
 - ensure they are aware of the identity of any students who have an allergy or are at risk of anaphylaxis.
 - Facial recognition in class groups is encouraged
 - be familiar with location and use of the student's ASCIA Action Plan and adrenaline autoinjector (e.g. EpiPen® or Anapen®)
 - ensure that medication is readily accessible (not in a locked cupboard or location)
 - liaise with parents/guardians about food-related activities ahead of time
- 6.15.1.1 avoid the use of food treats in class where possible, as these may contain allergens. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the School's "allergy aware" approach
- never give food to a student who is at risk of anaphylaxis without consulting a parent/guardian. Older students can read packaging themselves and should use caution about accepting food not labelled

be aware of the possibility of allergens including hidden allergens in cooking, food technology, science, and art classes (e.g. egg or milk cartons) where responsible for preparing and serving food (e.g. teachers in food technology classes), undertake food allergen management training. Untrained staff should not be given the responsibility of preparing or serving food to students have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food or utensils.

6.16 In the Canteen

6.16.1 In the canteen:

- in the event the School uses an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of food allergen management and its implications for food handling
- with permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis
- with permission from parents/guardians, the School may have the student's name, photo and the foods they are allergic to displayed in the canteen (facing away from easy sight of students visiting the canteen) as a reminder to staff and volunteers
- food banning is not recommended however we may choose not to stock peanut and tree nut products (including nut spreads), or replace foods which contain known allergens for our students with other suitable foods
- products labelled as containing known allergens or labelled as "May contain..." allergens for our students will not be served to students with those allergies
- staff should be aware of the potential for cross-contamination when storing, preparing, handling, displaying and serving food
- staff should ensure tables and surfaces are wiped clean regularly
- disposable paper cloths should be used to clean surfaces where students at risk of anaphylaxis will eat or have their food prepared. This reduces the risk of contamination from dish cloths used to clean off allergens
- staff should undertake training for food service staff related to allergen awareness and handling
- only staff that are trained in food allergy management should prepare food and serve students with a known food allergy.

6.17 In the School Yard

6.17.1 In the School yard:

- a student with anaphylactic responses to insects should wear shoes at all times
- outdoor bins should be kept covered
- a student with anaphylactic responses should keep open drinks (e.g. drinks in cans) covered while outdoors
- staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch)
- the general use Adrenaline Autoinjector should be easily accessible
- staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.

6.18 During On-site Events (e.g. sporting events, in School activities, class parties)

6.18.1 During on-site events:

- class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergies and Anaphylaxis Policy and Procedures

- party balloons should not be used if a student is allergic to latex
- latex swimming caps and goggles should not be used by a student who is allergic to latex
- staff must know where the adrenaline autoinjector is located and how to access it if required
- for sporting events, it may be appropriate to take the student's adrenaline autoinjector to the event. Ensure that the adrenaline autoinjector is stored in accordance with prescribed temperatures and conditions.

6.19 During Off-site School Settings (field trips, excursions)

6.19.1 During field trips and day excursions:

- The student's adrenaline autoinjector (two are recommended), individualised anaphylaxis care plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance must be taken
- One or more staff members who have been trained in the recognition of anaphylaxis and administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- Parents/carers should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required)
- In primary school years, parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student
- Provide relevant information to any external excursion provider
- Consider the potential exposure to allergens when consuming food on buses.

6.20 During Off-Site School Settings (camps and remote settings)

6.20.1 During School camps and overnight excursions:

- When planning School camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers
- Camp site/accommodation providers and transport providers should be advised in advance of any student with an allergy or who is at risk of anaphylaxis
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that "may contain" traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided
- The student's Adrenaline Autoinjector (two are recommended), Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- Staff should be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp
- The Adrenaline Autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the School's first aid kit, although the School can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own Adrenaline Autoinjector

- Students with allergies to insect venoms should always wear closed shoes when outdoors
- 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/airlines and in cabins.

7 Record Keeping and Incident Reporting

7.1.1 The School keeps records of the following:

- training
- risk management strategies
- meetings relating to the development of individualised anaphylaxis care plans
- communications with parents
- any medical advice sought and provided.

7.1.2 An incident report should be completed for all allergic reactions in line with the School's incident reporting processes.

7.1.3 Following an incident, the School should also consider any areas of improvement and whether support (e.g. counselling services) may be required for staff or students involved in or witnessing the incident.

7.1.4 If an allergic reaction has occurred to a packaged food or food provided by the School, it should be reported to the relevant Health Department. In addition, the suspected food that triggered the allergic reaction should be covered, clearly labelled, and stored in the freezer as it may be required for analysis in an investigation.

8 Implementation

8.1.1 This Policy is implemented through a combination of:

- School premises inspections (to identify wasp nests and bee hives)
- staff training and supervision
- maintenance of medical records
- effective incident notification procedures
- effective communication procedures with the student's parents/carers
- initiation of corrective actions where necessary.

9 Breach

Where a staff member breaches this Policy, Bacchus Marsh Grammar may take disciplinary action, including in the case of serious breaches, summary dismissal.

10 Definitions

Term	Definition
Adrenaline Autoinjector	An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Anapen® 500, Anapen® 300, or Anapen® Jr.
Anaphylaxis Management Training Course	This means: a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector a course in anaphylaxis management training accredited under Chapter 4 of the Education and Training Reform Act 2006 (Vic) by the Victorian Registration and

	<p>Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector</p> <p>a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector</p> <p>any other course including an online course, approved by the Secretary to the Department of Education for the purposes of Ministerial Order No. 706 as published by the Department.</p>
ASCIA	The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of clinical immunology and allergy in Australia and New Zealand.
ASCIA Action Plan for Anaphylaxis	This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen®, EpiPen® Jr, Anapen® 500, Anapen® 300, or Anapen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.
Communication Plan	<p>A plan developed by Bacchus Marsh Grammar which provides information to all school staff, students and parents about anaphylaxis and this Policy.</p> <p>Refer to Communication Plan.</p>
Individual Anaphylaxis Management Plan	<p>An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.</p> <p>Refer to Individual Anaphylaxis Management Plans.</p>
Online Training Course	Means the course called ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary to the Department of Education pursuant to clause 5.5.4 of Ministerial Order No. 706.

11 Source of Obligation

- 11.1.1 This Policy is written in accordance with the requirements of Ministerial Order No 706: Anaphylaxis Management in Victorian schools and school boarding premises (Ministerial Order No. 706), and the guidance provided in the Victorian Department of Education's Anaphylaxis Guidelines.
- 11.1.2 The Education and Training Reform Act 2006 (Vic) (ETR Act) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy that contains the matters required by the relevant Ministerial Order, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

12 Related Policies

First Aid Policy and Procedures

Medical Health Care Plans for High-Risk Students Policy and Procedures

Medication Administration Policy and Procedures

Student Medical Records Policy and Procedures

13 Related Documents

ASCIA Action Plan for Allergic Reactions (Green)

ASCIA Action Plan for Anaphylaxis (Red)

ASCIA Action Plan for Anaphylaxis for General Use (Orange)

Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis

Risk Management Checklist

School Anaphylaxis Supervisor Checklist

14 References

Anaphylaxis Guidelines – <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance>

15 Authorisation

School Policy Name	Allergies and Anaphylaxis Policy and Procedures	
Approval Authority	Principal	
Approval Signature	Andrew Neal Principal Bacchus Marsh Grammar	
Administrator	Company Secretary	Greg Gough
Approval Date	16 July 2024	
Date of Next Review	16 July 2026	To be reviewed every two years

16 History

Date	Amendment
16 July 2024	1. Updated the Allergy Awareness and Anaphylaxis Management policies and replaced them with this single policy and procedure.