

ANAPHYLAXIS MANAGEMENT POLICY

INTRODUCTION

Victory Christian College (VCC) is a child-centred environment that strives to ensure children feel safe and are safe. The College believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. VCC is committed to:

- Providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling
- Raising awareness about allergies and anaphylaxis in the College community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student
- Ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- Having policies and procedures in place to ensure that the risks associated with severe allergies are minimised so that all students can feel safe while at school or participating in College events and activities.

AIMS

- Outline the College's implementation of the directives given in Ministerial Order 706.
- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of VCC.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline autoinjector.
- Raise VCC community's awareness of anaphylaxis and its management through education and policy implementation.

SCOPE

The Victorian Registration and Qualification Authority require schools to have policies and procedures in accordance with Ministerial Order 706 which includes an Anaphylaxis Management Policy in place as part of the minimum standards of registration. If Victory has enrolled a student in circumstances where the College knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the College must have an Anaphylaxis Management Policy containing matters required by Ministerial Order. It will apply to children enrolled at VCC, their parents/guardians, staff and governing body as well as to other relevant members of VCC, such as volunteers and visiting specialists.

For the purposes of this Policy, the College environment is taken to include classrooms, gymnasium, hallways, sport facilities, external play and circulating areas. It also includes locations and facilities where activities and events take place such as excursions and camps.

IMPLEMENTATION

Context

- Anaphylaxis is the most severe form of allergic reaction and is life-threatening if not immediately treated. Anaphylaxis is an allergic reaction involving more than one body system, for example, skin, respiratory, gastrointestinal and/or cardiovascular.
- During a reaction, young children may not be able to speak or express the symptoms of anaphylaxis.
- Anaphylaxis can occur within minutes. It mostly occurs within 20 minutes to two hours after exposure to the allergen but with planning and training, a reaction can be managed by using an adrenaline autoinjector.
- VCC recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline autoinjector.
- Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school community. Instead, VCC recognises the need to adopt a range of procedures

and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the exposure of a child at risk of anaphylaxis to the allergen at VCC.

College Commitment to Managing Anaphylaxis

Victory Christian College will:

- Comply with Ministerial Order 706.
- Develop a College Anaphylaxis Policy and review it annually.
- Ensure that these policies are distributed to all staff and available for all parents who have children at VCC.
- Develop anaphylaxis prevention strategies for College environments.
- Develop a Communication Plan.
- Develop Individual Anaphylaxis Risk Minimisation Plans (IAMPs).
- Implement Staff Training for Anaphylaxis.

Individual Anaphylaxis Minimisation Plans (IAMPs)

The School Nurse will ensure that an IAMP is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The IAMP will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The IAMP will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan

The College will then implement and monitor the student's IAMP.

The student's IAMP will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the College in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up-to-date photo for the ASCIA Action Plan when that Plan is provided to the College and when it is reviewed; and
- provide the College with an autoinjector that is current and not expired for their child.

Prevention Strategies

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

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

General – All areas

1. For any student at risk of anaphylaxis:
 - a. A copy of the student's important documentation will be kept on Compass Chronicle for all staff to access:
 - i. IAMP, and
 - ii. ASCIA Action Plan
 - b. The student will be flagged on Compass so staff are aware of the risk.
2. Garbage bins have lids and will be kept closed to avoid the risk of attracting insects.
3. Staff will ensure they have their mobile phone with them for emergency purposes.

Classrooms

1. Teachers will liaise with parents ahead of any food-related activities.
2. All cooking and eating utensils or dishes will be washed and cleaned thoroughly after use.
3. Staff remind students of the importance of washing their hands and not sharing food with others.
4. Non-food treats should be used where possible.
5. Parents are encouraged to provide a treat box for their child if they have allergies/anaphylaxis.
6. Parents who wish to bring a treat on occasions such as birthdays, must ensure they consult with the teacher first. Known allergens must be avoided.
7. Food items that could be allergens must be removed from classrooms where possible. Craft items will also be removed if they may include allergens (e.g. egg cartons; peanut butter jars; milk containers).

Canteens

1. Canteen staff have current food-handling training to reduce the risk of cross-contamination.
2. Staff implement food safety practices by keeping surfaces clean, regularly washing hands, wearing gloves where possible and using separate utensils to handle foods.
3. Canteen staff take part in the Staff First Aid Briefing meetings and are up to date with their ASCIA e-Learning.
4. Staff are provided with the Communication Poster which includes the name, photo and allergens of students identified as at risk of anaphylaxis.
5. Students are reminded not to purchase food for others.

School Yard

1. Lawns will be regularly mowed, and garbage bins kept closed.
2. Allergies will be taken into consideration when adding new plants to the yard.
3. Yard duty packs contain an EpiPen and ASCIA Action Card instructions for how to administer an EpiPen.
4. Yard duty staff have completed the ASCIA e-Learning training and are up to date.
5. A Communication Plan is in place for yard duty staff so all staff know:
 - a. how to inform the First Aid Team if a reaction occurs in break times
 - b. how medical information and additional support can be accessed quickly.
6. Students with bee or insect allergens are encouraged to stay away from water or flowering plants.

Special Events

1. Sufficient supervision of students by staff trained in the use of adrenaline autoinjectors.
2. Staff will make themselves aware of all students at risk of Anaphylaxis when planning for the event using Compass.
3. First Aid packs are prepared for special events. These include an unassigned EpiPen, student EpiPens and individual ASCIA Action Plans as required.
4. Party balloons should not be used if a student is allergic to latex.
5. Parents will be consulted in advance so they have the opportunity to provide an alternative menu for their child.

Camps and Excursions

1. Staff will make themselves aware of all students at risk of Anaphylaxis when planning for the event using Compass.
2. Anaphylaxis will be considered when creating the Risk Assessment for the camp or excursion, taking into account the specific students in attendance.
3. Any third parties engaged in providing food to students will be given clear information about students at risk of anaphylaxis. This will include sharing ASCIA Action Plans.
4. First Aid packs are prepared for camps or excursions. These include an unassigned EpiPen, student EpiPens and individual ASCIA Action Plans as required.

5. Avoid using food in games and activities.
6. Sufficient supervision of students by staff trained in the use of adrenaline autoinjectors.
7. Staff will ensure all staff, volunteers and students know who the First Aid Officer on the camp is and where the EpiPen is. Where appropriate, volunteers and students will be educated on how to administer an autoinjector and students at risk identified.
8. Review the IAMP of any student at risk of anaphylaxis who will attend the camp or excursion.
9. On camps, parents will be asked to supply two individual autoinjectors for their child.

Camps in Remote Settings

1. Refer to strategies outlined for Camps and Excursions above.
2. Communication must be considered, including mobile phone access.
3. Parents should be encouraged to supply food for their children where possible.
4. Food must not be shared between students.
5. A printed copy of the Event Handbook from Compass must be taken to ensure access to medical information is readily available.

Interstate or Overseas Travel

1. Refer to strategies outlined for Camps and Excursions, and Camps in Remote Settings above.
2. An ASCIA Travel Plan must be developed for any student at risk of Anaphylaxis.
3. The ASCIA Travel Checklist should be referred to when planning the trip.
4. Staff planning the event will consult with parents regarding potential issues that may arise, including the investigating venues where students may eat.
5. Risk Assessment will take into account risks associated with travel to/from the airport and the country. Staff planning the trip must be mindful of differences in food safety standards and cross-contamination risks posed by international travel.
6. Information should be translated where required.
7. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with an anaphylactic reaction can be paid.
8. Plan for adequate supervision of students by trained staff when students at risk are eating and taking medication.

Emergency Response

If a person is displaying symptoms of Anaphylaxis, follow the steps below:

1. Lay person flat. Do not stand or walk. If breathing is difficult, allow them to sit with legs outstretched.
2. Be calm and reassuring.
3. Do not leave them alone. If an autoinjector is not on hand, send another staff member or reliable student to contact School Nurse/First Aid Officers. These staff members will locate the student's adrenaline autoinjector kit, or unassigned adrenaline autoinjector kit. If you are waiting for the autoinjector to arrive, call 000 for an Ambulance now.
4. Administer the adrenaline autoinjector by following the ASCIA Action Plan located with the autoinjector.
5. Note the time the autoinjector was administered and retain the autoinjector for paramedics.
6. Call 000 for an Ambulance.
7. Contact family or emergency contact
8. A further adrenaline autoinjector may be given if there is no improvement in symptoms after five minutes
9. Advise paramedics of the time the autoinjector was administered. Hand paramedics the used adrenaline autoinjector.

The School Nurse/First Aid Officers will alert the Principal or their delegate of the incident.

Incident Reporting

If an anaphylaxis incident occurs, the attending staff member must complete an Incident Report Form detailing the circumstances and management of the incident. This form should be submitted to the OHS Officer.

The OHS Officer will ensure the matter is passed on to the Principal, then file the report in a restricted access part of SharePoint and add the incident to the Incident Report Log (also on SharePoint.)

More information about reporting First Aid treatment- including incidents concerning staff health- can be found in the First Aid Policy.

Location of Information and Medication

A complete and up-to-date list is kept on Compass of students identified as having a medical condition that relates to allergy and the potential for Anaphylaxis.

All autoinjectors stored on site are kept in clearly labelled, orange, insulated packs. Individual autoinjectors are marked with the student's name, year level, homeroom, photo and known allergens, and include a copy of their ASCIA Action Plan.

After-school hours events will be supplied with a First Aid pack. These packs include an unassigned EpiPen, student EpiPens and individual ASCIA Action Plans as required.

Unless the student is on an excursion or camp, all individual adrenaline autoinjectors will be kept in the First Aid Room. Unassigned EpiPen locations can be found below.

Unassigned Autoinjector Name	Autoinjector type	Location
1 (First Aid Room)	EpiPen	First Aid Room – Administration
2 (First Aid Room)	EpiPen	First Aid Room – Administration
3 (First Aid Room)	EpiPen	First Aid Room – Administration
4 (First Aid Room)	EpiPen	First Aid Room – Administration
5 (First Aid Room)	EpiPen	First Aid Room – Administration
6 (Food Tech)	EpiPen	Food Technology Room – Living Centre
7 (Yard Duty – Upper Area)	EpiPen	Yard Duty Bag – C1
8 (Yard Duty - A/B Block)	EpiPen	Yard Duty Bag – C1
9 (Yard Duty - C/D Block)	EpiPen	Yard Duty Bag – C1
10 (Yard Duty – Junior Canteen)	EpiPen	Yard Duty Bag – C1
11 (Prep Office)	Epi Pen Junior	Prep Office – A2 Office
12 (Yard Duty - Glenavon Walkways)	EpiPen	Yard Duty Bag – 9/10 Office, Glenavon
13 (Yard Duty - Oval)	EpiPen	Yard Duty Bag – C1
14 (Yard Duty - Courts)	EpiPen	Yard Duty Bag – VCE Office
15 (Yard Duty - Gym)	EpiPen	Yard Duty Bag - Gymnasium
16 (Yard Duty - Glenavon Oval)	EpiPen	Yard Duty Bag - Gymnasium
17 (Living Centre)	EpiPen	Living Centre Office
18 (Yard Duty – Living Centre Walkways)	EpiPen	Yard Duty Bag – Living Centre Office
19 (Glenavon First Aid Room)	EpiPen	Glenavon First Aid Room

Principal Responsibilities

Where a child diagnosed at risk of anaphylaxis is enrolled, the Principal will be responsible for ensuring the following takes place:

- Compliance with the orders in Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time.
- When a student with a medical condition that relates to allergy and the potential for an anaphylactic reaction is under the care or supervision of the College outside of normal class activities a sufficient number of College staff must be present who have anaphylaxis training as per the staff requirements mentioned in this Policy. This includes in the schoolyard, at camps and excursions, or at special events conducted, organised or attended by the College.
- When a student is newly enrolled and their enrolment form states that they have an allergy or a diagnosis of anaphylaxis, the Enrolments Registrar will notify the School Nurse to ensure that the condition is noted and appropriately added to Compass. Parents will then be communicated to by the School Nurse, who will request and distribute all appropriate documentation by following the Enrolment Checklist for Children at Risk of Anaphylaxis (Appendix Two).
- Make parents/guardians aware of this Policy and provide access to it on request.
- Ensure that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the College's Anaphylaxis Management Policy.

- Review the adequacy of the College's response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Display an ASCIA Generic Anaphylaxis Action Plan in the First Aid Rooms.
- Ensure that the Annual Anaphylaxis Risk Management Checklist is completed by the College.

Individual ASCIA Action Plans

The Principal must also:

- Ensure that a child's ASCIA Action Plan for allergy and/or anaphylaxis is signed by a registered medical practitioner and inserted into the enrolment records for each child and updated annually.
- The Individual Action Plans for Anaphylaxis and other medical conditions such as Asthma, Diabetes, Allergies and Epilepsy are located in the First Aid Room, and on SharePoint and Compass as mentioned in the Emergency Management Plan, Anaphylaxis and First Aid Policies. These online copies on SharePoint and Compass can be accessed by staff on excursions, camps and on special events held offsite.
- Ensure that no child who has been prescribed an adrenaline autoinjector is permitted to attend the College or its programs without their adrenaline autoinjector (within expiry date) and ASCIA Action Plan for anaphylaxis signed by a medical practitioner.
- Ensure that Parents/Guardians are aware that an ASCIA Action Plan is to be made available to the College prior to the student's first day and that if the child has an anaphylactic reaction, or changes happen such as an additional food allergen being found, an updated ASCIA Action Plan must be updated by their Doctor before the Student returns to the College.
- Ensure that an up-to-date photo is provided by the child's parents if the College does not have a digital photo available.

Individual Anaphylaxis Risk Minimisation Plans

- Ensure that an Individual Anaphylaxis Risk Minimisation Plan is developed as soon as practicable after the student enrolls at VCC and attends their first day, or at the time of diagnosis, for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis or having a medical condition that relates to allergy. An interim plan will be developed by VCC to be used until the student's individual Anaphylaxis Risk Minimisation Plan has been completed by the School Nurse in liaison with the Parent or Guardian.

Staff Training

The Principal is also responsible for ensuring:

- all teachers and other College staff who conduct classes or give instruction to students at risk of anaphylaxis, must have up-to-date anaphylaxis training (ASCIA Anaphylaxis e-Learning for Victorian Schools available for free at <https://etrainingvic.allergy.org.au/>). This includes demonstrating their competency in using an adrenaline autoinjector. These certificates are valid for two years and are required to be signed by a staff member trained in the use and training of an adrenaline autoinjector. A list of staff training and relevant dates for completion/renewal is maintained by the School Nurse and Compliance Manager.
- where possible, all casual relief teachers undertake the ASCIA Anaphylaxis e-Learning and are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual ASCIA Action Plan for anaphylaxis and adrenaline autoinjector kit.
- a minimum of two staff members are fully trained having completed an anaphylaxis management course every two years (22578VIC or 10710NAT), and the Anaphylaxis verification training (22579VIC) every two years. Currently, these two staff members are the Compliance Manager and First Aid Officer Attendant.
- A staff member trained in anaphylaxis management within the last two years:
 - Routinely (twice yearly) reviews each adrenaline autoinjector kit to ensure that it is complete and the adrenaline autoinjector is not expired.
 - Conducts 'anaphylaxis scenarios' and supervises autoinjector verification sessions in adrenaline autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the adrenaline autoinjector kit.
 - Conducts a briefing twice yearly- once at the beginning of the year, and again during Term Three. The briefing will cover:
 - the College's Anaphylaxis Management Policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities and details of individual students identified as being at risk of anaphylaxis (including those that have allergies)
 - where medication is located

- supervise practice sessions in adrenaline autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the adrenaline autoinjector kit.
 - VCC's first aid and emergency response procedures, and how they integrate.
- an interim plan is developed and consultation with parents is arranged if training or a briefing has not occurred as required. The briefing will take place ASAP after the interim plan has been developed.

Adrenaline Autoinjectors for General Use

- The Principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents.
- The Principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
 - the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction
 - the accessibility of adrenaline autoinjectors that have been provided by parents
 - the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and
 - autoinjectors have a limited life span (normally 12-18 month expiry). When needing to be replaced, this will be done at an expense to the College at either expiry or use, whichever is first.
- These will be placed in key locations around the College site, including in the yard duty bags, food technology room, and First Aid Room (specific locations can be found in this policy).-There will also be adequate amounts of general-use adrenaline autoinjectors so these can be taken offsite to excursions, special events and camps that are conducted organised or attended by the College.

Staff Responsibilities

- The School Nurse will:
 - ensure a copy of the child's ASCIA Action Plan is available to all staff.
 - ensure the Communication Plan in this Policy is implemented.
- Follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the event of an emergency, the staff member attending to the student must follow the Anaphylaxis Management Policy in conjunction with First Aid Procedures and the Emergency Management Plan.
- Be familiar with the Individual Anaphylaxis Risk Minimisation Plan for children they work with, which can be located on the student's Compass profile.
- Follow the Prevention Strategies and Emergency Response procedures previously outlined in this Policy.

Parent/Guardian Responsibilities

- Inform the College 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 or having a medical condition that relates to allergy.
- Obtain an individual ASCIA Action Plan from the student's medical practitioner that details their condition, any medications to be administered, and other emergency procedures.
- Provide the ASCIA Action Plan prior to the commencement of their first day at the College.
- Inform staff of any changes to the student's medical condition and if necessary, provide an updated individual ASCIA Action Plan.
- Provide the College with an up-to-date photo for the student's ASCIA Action Plan each time this is reviewed.
- Communicate with the College to develop the student's IAMP.
- Provide the adrenaline autoinjector and any other medications to the College.
- Authorise any medications (including adrenaline autoinjectors) using the Distributing Medication Authority Form.
- Replace the adrenaline autoinjector and any other medication as needed and before their expiry date.
- Assist College staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events (e.g., class parties, cultural days, fetes or sport days).
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.

- Complete reviews of the student's IAMP and ASCIA Action Plan:
 - Annually
 - If the student's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes
 - As soon as practicable after the student has an anaphylactic reaction at school
 - When the student is to participate in an offsite activity, such as camps and excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days, fetes, incursions).

Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.

Information for parents and students will be communicated in the College newsletter and this Policy will be available on the VCC website for them to read.

The Principal is responsible for ensuring that staff are aware of the College's Anaphylaxis Management Policy and procedures through briefings twice a year, and ASCIA e-Learning every two years (including autoinjector verification training). Staff also have access to this Policy on the internal SharePoint site, and Staff Manual.

Communication Posters include the names, year levels, homerooms, known allergens and photos of all students who have been identified as at risk of anaphylaxis. These posters are updated as needed when new information is provided to the College. They are on display in staff workspaces, in the First Aid Rooms, canteens and the Food Technology room.

Casual Relief teachers are supplied with an up-to-date Communication Poster while they are on site.

Volunteers are made aware of students who are at risk of anaphylaxis as needed, depending on the nature of their volunteer work.

LEGISLATION AND REGULATIONS

- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- Compliance Code: First Aid in the Workplace, 2021, WorkSafe Victoria, <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>
- Education and Training Reform Act 2006 (Vic)
- Ministerial Order 706, 2015
- Ministerial Order 1325, 2021
- Occupational Health and Safety Act 2004 (Vic)

RELEVANT RESOURCES

- Allergy & Anaphylaxis Australia (A&AA) is a registered charity and Australia's only national support organisation, dedicated to helping individuals and carers alike in managing allergy and the risk of anaphylaxis. For more information, visit their website: www.allergyfacts.org.au
- Annual Anaphylaxis Risk Management Checklist, <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/12-annual-risk-management-checklist>
- ASCIA Action Plans and First Aid Plans for Anaphylaxis, Australasian Society of Clinical Immunology and Allergy (ASCIA), <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- ASCIA Travel Plan and Checklist for people at risk of anaphylaxis, ASCIA, <https://www.allergy.org.au/hp/anaphylaxis/ascia-travel-plan-anaphylaxis>
- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Contact details for Allergists can also be found on their website.
- Royal Children's Hospital Anaphylaxis Support Advisory Line for schools, https://www.rch.org.au/allergy/advisory/anaphylaxis_support_advisory_line/
- Royal Children's Hospital, Department of Allergy and Immunology, www.rch.org.au The site provides information about allergies and the services provided by the hospital.

RELATED POLICIES, PROCEDURES AND OTHER DOCUMENTS

- Anaphylaxis Risk Minimisation Plan Guide
- Asthma Policy
- Camps and Excursions Policy
- Distributing Medication Policy
- Emergency Management Plan
- Enrolment Policy
- First Aid Policy
- Incident Report Form
- Incident Report Log
- Risk Management Policy
- Yard Supervision Policy

APPENDICES

1. Definitions
2. Enrolment Checklist for Children at Risk of Anaphylaxis

POLICY DEVELOPMENT AND MANAGEMENT

Version	1.0
Date of Approval	14/10/2024
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APPENDIX ONE – DEFINITIONS

The following definitions are consistent with Ministerial Order 706.

Adrenaline Autoinjector- Adrenaline autoinjectors are used to treat severe allergic reactions (anaphylaxis) in an emergency. They are designed to administer a single, fixed dose of adrenaline and can be given by anyone, including people who are not medically trained.

Adrenaline Autoinjector kit- A container, that holds a current adrenaline autoinjector, a copy of the student's ASCIA Action Plan, contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed any other medication as listed on the ASCIA Action Plan, this may be included in the kit. Adrenaline autoinjectors are stored away from direct heat.

Allergen- A substance in the environment that can cause an allergic reaction in susceptible people is called an 'allergen'.

Allergic reaction- An allergic reaction occurs when the immune system overreacts to a foreign substance that usually causes few or no problems in most people. Symptoms may be localised or generalised and range from mild to severe. Mild to moderate symptoms include swelling of lips, face and eyes, hives or welts, tingling mouth, abdominal pain, and vomiting (signs of anaphylaxis for an insect allergy). Severe symptoms that indicate anaphylaxis include difficult/noisy breathing, swelling of tongue, swelling/tightness in throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness or collapse, pale and floppy (young children).

Allergy- Allergy occurs when a person reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.

Anaphylaxis- Anaphylaxis is the most severe form of allergic reaction and is life-threatening if not immediately treated. Anaphylaxis is an allergic reaction involving more than one body system, for example- skin, respiratory, gastrointestinal and/or cardiovascular

Anaphylaxis management training- Accredited training that includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with an anaphylaxis verification trainer (22578VIC or 10710NAT)

Anaphylaxis verification training- Accredited training that equips nominated staff with the required skills and knowledge to verify that an individual who has undertaken the ASCIA Anaphylaxis e-Learning for Victorian Schools can demonstrate correct use of adrenaline autoinjector devices. They will be able to verify correct use of all adrenaline injector devices prescribed in the ASCIA e-Learning and are currently approved for use and available in Australia (22579VIC)

ASCIA Action Plan- ASCIA Action Plans are medical documents that are completed and signed by the treating doctor or nurse practitioner. They provide instructions for first aid treatment of anaphylaxis, to be delivered by people without any special medical training or equipment, apart from access to an adrenaline autoinjector.

Children at risk of anaphylaxis- those children whose allergies have been medically diagnosed and who are at risk of developing a severe allergic reaction

College Community- All adults who are connected to VCC.

Communication Plan- A plan that forms part of the Anaphylaxis Management Policy outlining how VCC will communicate with parents, staff and other relevant persons in relation to the Policy, and how parents and staff will be informed about Anaphylaxis ASCIA Action Plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in VCC.

Individual Anaphylaxis Risk Minimisation Plan- A plan specific to VCC that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the College, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The Individual Anaphylaxis Risk Minimisation Plan should be developed by families of children at risk of anaphylaxis and staff at the College, upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. They are periodically reviewed (see outline on page 5)

No food sharing- The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Risk minimisation- A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

APPENDIX TWO - ENROLMENT CHECKLIST FOR CHILDREN AT RISK OF ANAPHYLAXIS

☑	Task
	<p>An Individual Anaphylaxis Risk Minimisation Plan is completed in consultation with the parent/guardian and the School Nurse, which includes strategies to address the particular needs of each child at risk of anaphylaxis. This individual plan is reviewed:</p> <ul style="list-style-type: none"> ▪ annually ▪ if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ▪ as soon as practicable after the student has an anaphylactic reaction at school ▪ when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).
	<p>The Individual Anaphylaxis Risk Minimisation Plan sets out strategies to minimise the risk of exposure to allergens in the classroom, during elective classes, during lunch breaks including the canteen, before and after school including the schoolyard, special events such as sports days, class parties, excursions, camps and any other events that may put the child at risk.</p>
	<p>All parents/guardians are made aware of the Anaphylaxis Management Policy which is available on the college website.</p>
	<p>A coloured individual ASCIA Action Plan for the child is to be provided to the College prior to commencement of enrolment, signed by the child's Doctor and is made available to all staff, including the School Nurse who will commence the process of staff notification and any relevant documentation.</p>
	<p>Adrenaline autoinjector (within expiry date) is available for use at any time the child is in the care of VCC, as well as any prescribed medication as listed on the child's ASCIA Action Plan.</p>
	<p>Adrenaline autoinjector is stored in a container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.</p>
	<p>All staff, including relief staff, are aware of each adrenaline autoinjector kit location.</p>
	<p>Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake ASCIA anaphylaxis e-training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment, and practise with an adrenaline autoinjector trainer. This is reinforced at the briefings held in six-month intervals by a staff member who has completed the anaphylaxis management training.</p>
	<p>Contact details are available for both parent/guardians and emergency contacts on the Enrolment Form.</p>
	<p>Information regarding any other medications or medical conditions (for example asthma) is available to staff.</p>
	<p>If food is prepared at VCC, measures are in place to minimise contamination of the food given to the child at risk of anaphylaxis</p>
	<p>Staff members taking a child diagnosed at risk of anaphylaxis on excursions or camps outside of the College grounds are aware that they will be responsible for taking the adrenaline autoinjector kit for that child, as well as an adrenaline autoinjector for general use.</p>