Anaphylaxis Management Policy and Procedures

Purpose

To explain to Rossbourne School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis. This policy also ensures that Rossbourne School complies with Ministerial Order 706, the VRQA Minimum Standards and the Child Safe Standards.

This policy ensures that the safety, wellbeing, participation, inclusion and dignity of students at risk of anaphylaxis are embedded across all school environments. It outlines the prevention, risk minimisation, emergency response and communication processes implemented to identify, reduce and manage anaphylaxis risks in all school contexts.

Scope

This policy applies to:

- School Board members and all staff, including casual relief staff, contractors and volunteers
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

The policy applies to all activities and environments connected to the School including but not limited to:

- Activities that take place on the School premises
- Off-site activities such as excursions, camps and sporting events
- Transport arrangements including school-operated or externally contracted transport
- Online and digital environments used by the School in connection with student learning, communication and School activities.
- Any other setting where staff and students, volunteers or contractors are acting in connection with their role at the School.

Policy Principles

Rossbourne School is committed to a proactive, collaborative and student-centred approach to anaphylaxis management. The School complies with Ministerial Order 706 and the associated guidelines published by the Victorian Department of Education and Training and requires parents/carers to provide all relevant medical information in accordance with Ministerial Order 706.

This policy will be made available to staff, students and parents via the School website, staff portal and SharePoint.

Definitions

Term	Meaning
Anaphylaxis	Is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
ASCIA	Is an acronym for Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
ASCIA Action Plan	Is the nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific that is, they list the student's prescribed Adrenaline Autoinjector (eg EpiPen) and must be completed by the student's medical practitioner. This plan is one of the required components of the student's Individual Anaphylaxis Management Plan.
Autoinjector	Is an Adrenaline Autoinjector device approved for use by the Australian Government Therapeutic Good Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction.
Communication Plan	Is the documented school plan outlining how staff, volunteers, contractors and relevant external providers are informed about students at risk of anaphylaxis their Individual Anaphylaxis Management Plans and the procedures to follow in an emergency.
Individual Anaphylaxis Management Plan (IAMP)	Is a personalised plan developed in consultation with parents/carers for each student diagnosed as being at risk of anaphylaxis. It includes the student's ASCIA Action Plan, identified allergens, risk minimisation strategies and emergency response requirements.

Roles and Responsibilities

School Board	• Approve the Policy and monitor compliance • Ensure anaphylaxis management is integrated into governance and risk oversight
Principal	• Ensure the development, implementation, and review of the School's Anaphylaxis Policy, Procedure, and Communication Plan in accordance with Ministerial Order 706 • Oversee development, review and implementation of all IAMPs • Ensure staff complete mandatory training and briefings • Ensure general use autoinjectors are purchased, maintained and accessible

	• Ensure procedures are implemented across all environments including offsite activities • Ensure that completed ASCIA Action Plans are appropriately stored and displayed in staff working areas, the first aid room and other relevant locations to ensure rapid access during an emergency • Ensure emergency responses, incident reviews and annual checklists are completed
School Anaphylaxis Supervisor	• Ensure they have currency as per this policy • Assess and confirm the correct use of adrenaline (trainer) devices (EpiPen®, Anapen®, Jext® and Neffy®) by other school staff undertaking the ASCIA Anaphylaxis training • Send periodic reminders to staff or information to new staff about anaphylaxis training requirements • Provide access to the adrenaline (trainer) devices (EpiPen® Anapen®, Jext® and Neffy®) for practice use by school staff • Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required • Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans • Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school • 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 situation requiring anaphylaxis treatment; for example: o A bee sting occurs on school grounds and the student is conscious o An allergic reaction where the child has collapsed on school grounds and the student is not conscious. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline (training) device. • Maintain an up to date register of students at risk of anaphylaxis • Maintain an up to date register of Adrenaline Autoinjectors
Rossbourne School Staff	• Complete mandatory training and twice-yearly briefings • Know the location and proper use of autoinjectors • Follow IAMPs, ASCIA Action Plans and emergency procedures • Take all IAMPs and medication on all excursions and offsite programs
Students	• Follow safety instructions • Communicate symptoms where able

Parents and Carers	• Provide the School with current and accurate medical information relating to the student's anaphylaxis, including a completed and signed ASCIA Action Plan and the required Adrenaline Autoinjectors. Autoinjectors must be replaced before their expiry date and immediately if they are damaged or subject to a recall • Ensure the information is provided on enrolment and updated as required, including whenever there are changes to the student's medical condition, allergens, treatment, medication or emergency management needs. • Participate in developing an IAMP • Participate in annual plan reviews and communicate any changes in health status

Anaphylaxis Procedures

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- Difficult/noisy breathing
- Swelling of tongue
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Student appears pale or floppy
- Abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Lay the person flat – do not allow them to stand or walk. Give Adrenaline Autoinjector (such as EpiPen® or Anapen®). Phone an ambulance – call triple zero (000).

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an Adrenaline Autoinjector for use in an emergency. These Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Rossbourne School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (IAMP). When notified of an anaphylaxis diagnosis, the Principal or

nominee of Rossbourne School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an IAMP will be in place as soon as practicable after a student enrols at Rossbourne School and where possible before the student's first day.

An IAMP will be reviewed and updated:

- Annually
- Whenever the student's medical condition changes
- In consultation with the student's parents as soon as practicable after a student has an anaphylactic reaction at School
- Prior to participation in any off-site activity such as camps, excursions, or special events conducted or attended by the School

Each student's IAMP 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 exhibit 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
- The Anaphylaxis Medication and Autoinjector Register will also need to be maintained annually to record details for all Rossbourne School students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction

Parents and carers must:

- Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the School as soon as practicable
- Immediately inform the School in writing 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 that Plan is provided to the School and each time it is reviewed
- Provide the School with a current Adrenaline Autoinjector for the student that has not expired
- Ensure their Consent2Go details for their child is up to date
- Participate in annual reviews of the student's IAMP.

Consent2Go

Consent2Go is a parent controlled electronic medical database utilised by Rossbourne. It's an electronic version of the paper based forms used for excursions, camps, etc. It provides parents the opportunity to update medical information promptly and accurately while

providing the school with instant access to the emergency information provided. Consent2Go will be managed in accordance with the Privacy Act.

Location of Plans and Adrenaline Autoinjectors
A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room, together with the student's Adrenaline Autoinjector. Adrenaline Autoinjectors must be labelled with the student's name together with Adrenaline Autoinjectors for general use.

Student ASCIA Action Plans for Anaphylaxis are also located in the following areas:

- Staff Room
- Canteen
- Gymnasium
- Living Skills House

Additional Adrenaline Autoinjectors (ie EpiPen®) will be stored in the:

- First Aid Room
- Canteen
- Gymnasium
- Living Skills House
- Yard Duty Bags

Note: Consideration of the age of the student and their risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their Adrenaline Autoinjector on their person, rather than in a designated location.

Up to date list and plans of students identified as being at risk of anaphylaxis are maintained by the School Anaphylaxis Supervisor.

Students without an ASCIA Plan
If a student experiences signs of anaphylaxis and does not have a current ASCIA Action Plan or prior diagnosis, staff must treat the situation as anaphylaxis, administer a general-use Adrenaline Autoinjector and call 000. The Principal will ensure an interim emergency management plan is developed immediately after the incident until medical documentation is received.

Risk Minimisations and Prevention Strategies

School staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of prevention strategies to minimise the risk of incidents of anaphylaxis is an important step in satisfying this duty of care.

To reduce the risk of a student suffering from an anaphylactic reaction at Rossbourne School, we have put in place the following strategies:

In School Setting (Classrooms)

- Teachers and other School staff who conduct classes with students at risk of anaphylaxis will have up-to-date training in an anaphylaxis management training course.

At other times while a student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.

- A student's Individual Anaphylaxis Management Plan is easily accessible, i.e. in the School's Learning Management System - SEQTA.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- 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.
- Be aware of 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)
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual relief teachers and specialist teachers will be made aware of any students at risk of anaphylaxis, the location of each student's IAMP and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seek a trained staff member.

Canteen

- Canteen Manager has the required "Safe Food Handling Qualification" and is aware of all the labelling of foods, regular cleaning of surfaces with warm soapy water, cross contamination of foods, including major food allergens triggering anaphylaxis.
- Canteen Manager is aware of those students at risk of severe allergic reaction and has access to their IAMPs.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. The canteen does not sell any nuts or nut products.
- The canteen shall provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain.' statement.
- Food banning is not generally recommended. Instead a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
- Parents to discuss suitability of canteen items with their child before purchase.
- Parents to encourage student to check ingredients of all items before purchase.

School Grounds

- While a student is under the care or supervision of the school during yard duty, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.
- School staff on yard duty are trained in the administration of an Adrenaline Autoinjector (ie EpiPen®) and able to respond quickly to an anaphylactic reaction if needed.
- A Communication Plan is in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.
- General Use Adrenaline Autoinjector (ie EpiPen®) are available in the yard duty bags.
- Yard duty staff are able to identify, by face, those students at risk of an allergic reaction.
- Gardens are maintained to reduce any allergies.
- Students should keep drinks and food covered while outdoors.

Special Events – on School Grounds (i.e. Incursions, Fundraiser Days)

- While a student is under the care or supervision of the School, during a special event day/s, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.
- Sufficient School staff supervising the special event are trained in the administration of an Adrenaline Autoinjector (ie EpiPen®) and are able to respond quickly to an anaphylactic reaction if required.
- School staff should consult with parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- School staff should avoid using food in activities or games, including as rewards.
- 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 treats whilst they are at School or at a School event.

Out of School Settings (Excursions/Camps/Sporting activities)

- While a student is under the care or supervision of the School, during out of School setting (excursions/camps/sporting activities), the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.
- All School staff members present during out of school settings are aware of the identity of any students attending who are at risk of anaphylaxis and are able to identify them by face.
- A School staff member or team of School staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors will accompany any student/s at risk of anaphylaxis on trips or excursions.
- Consent2Go will be used to ensure student medical profiles are updated by parents, and contact details are valid.
- Prior to engaging a camp and its services, the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation the School will consider using an alternative service provider. The School will not sign any written or provide any

verbal disclaimer from the camp owner/operator that indicates they are unable to provide food which is safe for students at risk of anaphylaxis.
- Staff should avoid using food in activities or games, including rewards.
- Use of substances containing allergens should be avoided where possible.
- The student's Adrenaline Autoinjector, IAMP, including the ASCIA Action Plan will be taken to camp. A General Use Adrenaline Autoinjector (such as EpiPen®) may be considered necessary after performing a risk assessment.
- A mobile phone will be taken on camp. If mobile phone coverage is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone.
- The Adrenaline Autoinjector will remain close to the student and School staff must be aware of its location at all times.
- Consider the potential exposure to allergens when consuming food on buses.
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. A risk assessment should be undertaken for an anaphylaxis reaction.
- Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.
- Students with anaphylactic responses to insects should be encouraged to wear closed shoes and long sleeved garments when outdoors and stay away from water and flowering plants.
- A designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their IAMPs and Adrenaline Autoinjectors, where appropriate.

Travel To and From School by Bus

School staff, in consultation with parents of students at risk of anaphylaxis, and the bus service provider, are to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this student is deemed too young to carry an Adrenaline Autoinjector on their person at School.

Work Experience/Work Placement

Schools should involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- It can create complacency among staff and students
- It does not eliminate the presence of hidden allergens and

- It is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

School Management
At the beginning of each school year staff are provided with a list of students that have allergies and/or have the potential for anaphylactic reaction. These will be updated throughout the year.

Staff will receive access to Individual Anaphylaxis Management Plans via the enrolment process and Consent2Go notifications.

Prior to school excursions/camps and events, staff will complete Risk Management Plan identifying the risk of an Anaphylaxis occurrence and risk mitigation which is signed off by Principal.

Students will be made aware of:

- Fellow student with the potential to have a severe allergic reaction.
- They must always take food allergies seriously
- They don't share food with friends who have food allergies
- Wash their hands after eating
- If a school friend becomes sick, get help immediately even if the friend does not want to.
- They don't pressure friends to eat food they are allergic to.

Adrenaline Autoinjectors for General Use

Rossbourne School will maintain a supply of additional autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Autoinjectors for general use will be stored at the First Aid Room, Canteen, Gymnasium, Living Skills, Yard Duty Bags and labelled "general use".

The Principal is responsible for arranging the purchase of additional autoinjectors for general use, and will consider:

- The number of students enrolled at Rossbourne School at risk of anaphylaxis, including those who have an ASCIA Action Plan for allergic reactions as being at risk of anaphylaxis.
- The accessibility and type of student-specific autoinjectors supplied by parents/carers
- The need for readily available general use autoinjectors in key locations including the school yard, classrooms, the sick bay and on excursions, camps and special events
- The shelf life of autoinjectors noting that general use devices usually expire within 12-18 months and must be replaced at the School's expense on expiry or use

Choosing the Type of Autoinjector

The Principal will determine the type of generalise use autoinjectors to purchase noting that:

- Autoinjectors available in Australia include EpiPen®, EpiPen Jr®, Anapen®, Anapen Jr®, Neffy adrenaline (epinephrine) nasal spray and Jext
- Autoinjectors are designed to be simple and safe for any trained adult to use in an emergency
- General use autoinjectors can be purchased at any pharmacy and do not require a prescription
- The School may use EpiPen® or Anapen® for any student experiencing a suspected anaphylactic reaction, regardless of the brand specified in their ASCIA Plan.

Anaphylaxis Medication and Autoinjector Register

The School Anaphylaxis Supervisor will maintain an accurate and up to date register of students identified as being at risk of anaphylactic reaction. The register will include each student's name, allergens, location of their Adrenaline Autoinjector, the current ASCIA Plan and the status of their IAMP.

The register will be accessible to all staff at all times, including during emergencies and will be stored in the First Aid Room. Relevant staff, volunteers and contractors will be briefed on the students in the register and informed of any updates.

The register will be updated immediately when:

- A new student at risk of anaphylaxis enrols
- A student provides updated medical information or ASCIA Action Plan
- A student's IAMP is revised
- A student experiences an anaphylactic reaction requiring changes to their management plan

Emergency Response

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 procedures, emergency response procedures and the student's IAMP.

Classroom Medical Crisis

- Administer Adrenaline Autoinjector as per instructions (refer to **Action Steps**)
- Staff member to stay with the student in crisis at all times and call for help.
- Student or other staff member to notify office that immediate assistance is required and to bring Adrenaline Autoinjector (if required) to site of the incident and ring for an ambulance.
- Call student's parents to notify them of situation.
- Alternate staff member to remove other students from the classroom to a supervised location.
- Additional staff members to provide support.
- Post incident support will be conducted with the student and parents at a suitable time after the occurrence.

School Grounds Medical Crisis

- Administer Adrenaline Autoinjector as per instructions (refer to **Action Steps**)
- Staff member to stay with the student in crisis at all times and call for help.
- Student or other staff member notify office that immediate assistance is required and to bring Adrenaline Autoinjector (if required) to site of the incident and ring for an ambulance.
- Other staff member to remove remaining students from the area to a supervised location.
- Additional staff members to provide support.
- Call student/s parents' to notify them of situation.
- Post incident support will be conducted with the student and parents at a suitable time after the occurrence.

Medical Crisis on Excursion, Camp or Events

Staff supervising excursions, camps or events are to be made aware of a students that may suffer from an anaphylactic reaction. When away from school, the student's Adrenaline Autoinjector is carried by the student or a staff member who is travelling with the student.

- Adrenaline Autoinjector must accompany the student whenever they leave the school for an excursion, camp or event. The Adrenaline Autoinjector will be carried by staff member or by the student.
- All Adrenaline Autoinjector that are removed from the Administration Office due to an excursion, camp or event must be returned upon return to the school.
- Administer Adrenaline Autoinjector as per instructions (refer to **Action Steps**)
- A staff member to stay with the student in crisis at all times and call for help.
- A different staff member or volunteer will remove remaining students from the location to another area to be supervised.
- If able to do so, notify excursion, camp or event supervisor about the anaphylactic reaction and the need for an ambulance.
- Call student's parent or carers to notify them of situation.
- Post incident support will be conducted with the student and parents at a suitable time after the occurrence.

Action Steps

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's Adrenaline Autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at various locations (see locations as per policy)

	• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 4
2	• Administer an Adrenaline Autoinjector (eg EpiPen or EpiPen Jr if the student is under 20kg) • Remove from plastic container • Form a fist around the Adrenaline Autoinjector and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove Adrenaline Autoinjector • Note the time the Adrenaline Autoinjector is administered • Retain the used Adrenaline Autoinjector to be handed to ambulance paramedics along with the time of administration
3	Call an ambulance (000)
4	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other Adrenaline Autoinjectors are available.
5	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, Rossbourne School staff should follow steps 2 – 5 as above.

(Note: If in doubt, it is better to use an Adrenaline Autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction).

Communication Plan

The Principal is responsible for developing, implementing and maintaining the School's Anaphylaxis policy and an Anaphylaxis Communication Plan that ensures staff, students, parents/carers and the wider school community are informed about anaphylaxis, anaphylaxis management procedures, risk minimisation strategies and emergency response processes at Rossbourne School.

The Anaphylaxis Communication Plan will be available on Rossbourne School's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures.

Students are made aware of the School's health-related policies and procedures as part of the School's orientation program and at assemblies.

The parents and carers of students who are enrolled at Rossbourne School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy. Rossbourne staff will have access to the communication plan via the School's Learning Management System, SEQTA.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff, volunteers and contractors, are aware of this policy and Rossbourne School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and, where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff Training

The Principal will ensure that the following Rossbourne School staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- All staff will receive training, based on a risk assessment of the particular circumstances at our School
- Staff who are required to undertake training must have completed:
    - An approved face-to-face anaphylaxis management training course in the last three years, or
    - An approved online anaphylaxis management training course in the last two years

Options	Completed By	Course	Provider	Valid For
Option 1	All School staff **AND** 2 staff per school campus	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check in the administration of an Adrenaline Autoinjector by a nominated staff member who has completed 22579VIC Verifying the Correct use of Adrenaline Injector Devices 22579VIC Verifying the Correct use of Adrenaline Injector Devices	ASCIA	2 years 3 years

Option 2	School staff as determined by the Principal	22578VIC Course in First Aid Management of Anaphylaxis	Any RTO that has course on scope	3 years
Option 3	School staff as determined by the Principal	Course in Anaphylaxis Awareness 110710NAT	Any RTO that has course on scope	3 years

Please note: General First Aid training does NOT meet the anaphylaxis training requirements under Ministerial Order 706. For details about approved staff training modules, see page 13 of the Anaphylaxis Guidelines

Staff will:

- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on the School's Anaphylaxis Management Policy and Procedure and the causes, symptoms and treatment of anaphylaxis, facilitated by a staff member who has successfully completed an anaphylaxis management course
- Be informed of students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
- Know how to use an Adrenaline Autoinjector, including hands on practice with a trainer;
- Know the School's general first aid and emergency response procedures
- Know the location of, and access to, Adrenaline Autoinjector that have been provided by parents or purchased by the School for general use
- Attend a mid-year briefing and update presented by a currently trained staff member
- Be trained and given access to Consent2Go and SEQTA.

In planning for the briefing the School Anaphylaxis Supervisor will use the Anaphylaxis School Checklist Anaphylaxis Supervisor. Each briefing will address:

- This policy and procedure
- The causes, symptoms and treatment of anaphylaxis
- The identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- How to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector
- The school's general first aid and emergency response procedures
- The location of, and access to, Adrenaline Autoinjector that have been provided by parents or purchased by the school for general use.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and events, there is a sufficient number of general use autoinjectors.

When a new student enrols at Rossbourne School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Review Cycle and Evaluation

The Principal or nominee will complete the Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis. This policy will be reviewed at least every two years or earlier if required due to legislative, regulatory or operational changes.

Review of minimisation strategies, IAMPs and staff training will also be conducted following any anaphylactic incident or near miss.

Related Documents

- Anaphylaxis Annual Risk Management Checklist
- Anaphylaxis Communication Plan
- Individual Anaphylaxis Management Plan
- Anaphylaxis School Checklist Anaphylaxis Supervisor
- Anaphylaxis Medication and Autoinjector Register
- Student Safety and Wellbeing Policy
- Visitors Policy
- Contractors and Volunteers Policy
- Emergency Management and Critical Action Plan
- Incursions, Excursions and Camps Policy
- Ministerial Order 706: Anaphylaxis Management in Victorian Schools
- VRQA Minimum Standards for School Registration
- Health Records Act 2001 (Vic)
- Education and Training Reform Act 2006 (Vic)

Further Information and Resources:

- DET School Policy and Advisory Guide:
  - Anaphylaxis
  - Anaphylaxis management in schools
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

POLICY OWNER	APPROVED BY SCHOOL BOARD/PRINCIPAL	DATE APPROVED	VERSION	REVIEW DATE
Principal	School Board	9 Sep 2026	5	9 Sep 2028