



## 1. STATEMENT OF CONTEXT AND PURPOSE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The key to prevention is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. This requires communication and partnerships between parents/carers and the School to ensure that certain foods or known and potential allergens are kept away from the student while these students are in the care of the school.

Adrenaline given through an Adrenaline Autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Ministerial Order 706 sets out the requirements that schools must follow as a minimum standard for school registration under Part IV of the *Education and Training Reform Act 2006* (Vic).

A general Action Plan for Anaphylaxis is located in key locations (next to First Aid cabinets) and in the staff rooms on both campuses. A full list of locations can be found in the Staff Operations Handbook.

## 2. APPLICATION

This policy applies to parents of students, the Board, Principal, school staff, employees, contractors and other authorised personnel of the School.

## 3. DEFINITIONS

**Anaphylaxis Management Procedure** refers to the School's Anaphylaxis Management Procedure, which forms part of this policy.

**ASCIA** means Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

**ASCIA Action Plan for Anaphylaxis** is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans list the students prescribed adrenaline autoinjector and must be prescribed by the student's medical practitioner. This plan is one of the components of the students Individual Anaphylaxis Management Plan. Examples of ASCIA Action Plans are available from the ASCIA website.

**IAMP** means Individual Anaphylaxis Management Plan, which includes the ASCIA Action Plan, describing 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 includes age appropriate strategies to reduce the risk of an allergic reaction occurring.

**Adrenaline Autoinjector** is a device approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

**School staff** means any person employed or engaged at the School who is required to be registered under Part 2.6 of the Education and Training Reform Act 2006 to undertake duties as a teacher within the meaning of that Part, is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and any others the Principal determines should comply with this policy.

## 4. AIM OF THE POLICY

To comply with Ministerial Order 706 and associated guidelines on anaphylaxis management, published and amended by the DEECD from time to time.

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		Page:	1 of 3

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To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

To raise awareness about anaphylaxis and this Policy within the School and in the School community.

To engage with parents/carers of students at risk of anaphylaxis to assess risks, and to develop risk minimisation and prevention strategies and individual management plans for specific students.

To ensure that staff members with a duty of care responsibility have adequate knowledge about allergies, anaphylaxis and the School's policy and procedures when responding to an anaphylactic reaction.

## 5. PREVENTION STRATEGIES

The School will comply with Ministerial Order 706 and associated guidelines in its prevention and management of anaphylaxis and to minimise the risk of an anaphylactic reaction.

### 5.1 PREVENTION STRATEGIES BY PARENTS

To manage the risk of anaphylaxis, parents of enrolled students will:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with the School and provide up to date information about their child's medical condition;
- provide the School with an IAMP, which includes an ASCIA Action Plan; and
- participate in yearly reviews of their child's IAMP.

### 5.2 PREVENTION STRATEGIES BY THE SCHOOL

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

- IAMP's for affected students
- The purchase of adrenaline autoinjectors for general use
- A School Communication Plan
- Training of staff in Anaphylaxis Management
- Completion of an Annual Risk Management Checklist

Further, detailed guidance is set out in the Anaphylaxis Management Procedure.

## 6. MANAGEMENT AND EMERGENCY RESPONSE PROCEDURES

In the event of an anaphylactic reaction of a student, the School will follow the process set out in the Anaphylaxis Management Procedure.

## 7. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an IAMP is developed for each student diagnosed by a medical practitioner as having a medical condition that relates to an allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis, in accordance with the process set out in the Anaphylaxis Management Procedure.

## 8. ADRENALINE AUTOINJECTORS

The School will purchase adequate Adrenaline Autoinjector(s) in accordance with Anaphylaxis Management Procedure.

## 9. SCHOOL COMMUNICATION PLAN

The School's Communication Plan regarding anaphylaxis is set out in the Anaphylaxis Management Procedure.

## 10. TRAINING STAFF ON ANAPHYLAXIS MANAGEMENT

Training will be provided to staff in accordance with the Anaphylaxis Management Procedure.

## 11. CONSEQUENCES FOR BREACH OF THIS POLICY

The School emphasizes the need to fully comply with the requirements of this policy and procedure. Any school staff found to be in breach of the requirements of this policy may be subject to disciplinary action, up to and including termination of employment (or engagement, where appropriate). Employees should refer to the Performance Management, Misconduct and Disciplinary Action Policy.

## 12. IMPLICATIONS FOR PRACTICE

The School, the Board and/or the Principal must properly implement this policy, including by ensuring that:

- this policy is endorsed on an annual basis;
- copies of this policy are made available to staff members and students/parents, for example, on the School intranet, in physical form in the staff room or bulletin boards;
- this policy is incorporated into the Board's / Principal's record of current policies;
- this policy is incorporated into the School's induction program to ensure that all employees are aware of it, have read and understood it and acknowledge their commitment to comply with it;
- periodic training and refresher sessions are administered to all staff in accordance with this policy; and
- employees, contractors, visitors and volunteers ensure they will abide by this policy and assist the School in the implementation of this policy.

## 13. REFERENCE POINTS / BACKGROUND PAPERS

- Anaphylaxis Guidelines for Victorian Schools;
- DEECD Annual Anaphylaxis Risk Management Checklist;
- ISV and VRQA Guidelines;
- Ministerial Order 706;
- Royal Children's Hospital Anaphylaxis Advisory Line 1300 725 911;
- Anaphylaxis Management Procedure;
- Evacuation by Ambulance Policy and Procedure;
- Individual Anaphylaxis Management Plan;
- Staff Operations Handbook.