

Anaphylaxis Policy

1. Preamble

1.1 Purpose

To ensure the safety of all students with Anaphylaxis enrolled at Gippsland Grammar. We are 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 school community;
- actively involving the parents of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures; and
- ensuring we have 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 Gippsland Grammar.

1.2 Background

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 seeds, latex, certain insect stings and medications. The keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

2. Scope

This Policy applies across the School.

3. Definitions

Anaphylaxis is a rapidly progressing, life-threatening allergic reaction.

Adrenaline Autoinjector: a device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

ASCIA Action Plan: 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 and must be completed by the student's Medical Practitioner. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan.

DET means the Department of Education and Training.

Staff: means any person employed by Gippsland Grammar:

4. Policy Statement

Gippsland Grammar will comply with Ministerial Order 706 and the associated Anaphylaxis Guidelines for Victorian Schools published and amended by the DET from time to time, in order to support students diagnosed with anaphylaxis enrolled at Gippsland Grammar.

This policy is intended to be read in conjunction with the School's First Aid Policy and any applicable general emergency response protocols that may apply to a given situation.

5. Individual Anaphylaxis Management Plans

- 5.1** The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis, where the School has been notified of that diagnosis.
- 5.2** The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of school. A copy of the School's Individual Anaphylaxis Management Plan template, which must be used, is attached in the Appendix. The Individual Anaphylaxis Management Plan must include:
- information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has;
 - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School staff, for in-school and out of school settings including the school yard, camps and excursions, or at special events conducted, organised or attended by the School;
 - 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 action plan for anaphylaxis in a format approved by ASCIA, provided by the parent. Latest versions of ASCIA Action Plans may be obtained from ASCIA's website
- 5.3** The School will implement and monitor the student's Individual Anaphylaxis Management Plan and conduct training and implement all measures in compliance with Ministerial Order 706, in fulfilment of its duty of care to students.
- 5.4** The student's Individual Anaphylaxis Management Plan 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 possible 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).
- 5.5** A copy of the School's Anaphylaxis Policy will be forwarded to parents. It is the responsibility of parents to:
- provide the ASCIA Action Plan;
 - inform the School 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 School and when it is reviewed; and
 - provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

6. Prevention Strategies

- 6.1** Gippsland Grammar staff 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 appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.
- 6.2** In accordance with its Risk Management Policy and online risk assessment form on Synergetic Gippsland Grammar will undertake risk assessments for all recurring and specific activities conducted, organised or attended by the School. Some of the more common

prevention strategies that the School will implement for activities often undertaken by students, or environments in which School activities may be conducted, are set out below.

6.2.1 In classrooms, the following prevention strategies will be implemented.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom (primary) or Student Services Office (secondary) and staffroom.
2.	Keep a copy of the ASCIA Action Plan accessible in staffrooms and Student Services Office (senior campus) or Sick Bay (junior campuses) even if the Adrenaline Autoinjector is kept in another location.
3.	Display a summary sheet of all relevant students' ASCIA Action Plans in all staff offices and staffrooms.
4.	Liaise with parents about food-related activities in the classroom ahead of time to discuss any risks posed to a student, and implement risk control measures as needed in respect of such activities.
5.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
6.	Never give food from outside sources to a student who is at risk of anaphylaxis.
7.	Treats for the 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.
8.	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.
9.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
10.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
11.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
12.	The Deputy Head of Campus (or their delegate) will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

6.2.2 If a student is involved in work experience, the following prevention strategies will be implemented.

Work experience	
1.	<p>The School will involve parents, the student and the work experience provider in discussions regarding risk management prior to a student at risk of anaphylaxis being permitted to attend work experience, including by seeking risk management documentation from the provider and confirming whether there are staff in the workplace who have appropriate training on anaphylaxis management.</p> <p>Staff, in the workplace where the student will undertake their placement, must be shown the ASCIA Action Plan for Anaphylaxis and briefed on how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.</p>

2. The student's adrenaline autoinjectors (two are recommended), ASCIA Action Plan and a means of contacting emergency assistance must be taken with the student and stored in a readily accessible unlocked location at the site that they are undertaking work experience.

6.2.3 Between classes and other breaks in the school yard, the following prevention strategies will be implemented.

Yard

1. All staff will be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed. Sufficient School Staff on yard duty must be trained.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan will be easily accessible from the yard, and staff should be aware of their exact location in the student support office (Garnsey) and sick bay (St Anne's and Bairnsdale). (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3. All staff on yard duty must be aware of the School's Anaphylaxis Policy as set out in this Policy, and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should be encouraged to keep drinks and food covered while outdoors.

6.2.4 Before and after school, the following prevention strategies will be implemented.

Travel to and from School by bus

1. School Staff should consult with parents of students at risk of anaphylaxis and the bus service provider 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 child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

6.2.5 In Canteens, the following prevention strategies will be implemented.

Canteens

1. Catering staff (whether internal or external) must be able to show evidence of satisfactory training in food allergen management and allergy-safe food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide
 - Helpful resources for food services as available from reputable websites.
2. Canteen staff, including volunteers and Boarding House catering staff, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of Ministerial Order 706, have up to date training in an Anaphylaxis Management Training Course.

3.	Parents will be asked to indicate on their MyStudent Account if their child is at risk of anaphylaxis.
4.	Display the student's name and photo in the canteen and Boarding House (only if boarders are at risk of allergic reaction) kitchen as a reminder to Staff.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
6.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
7.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
8.	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. However, the School may agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
9.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

6.2.6 At Special events, the following prevention strategies will be implemented.

Special events (e.g. sporting events, incursions, class parties, etc.)

1.	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School Staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, School Staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	All School events which are catered must include display of a "This may contain traces of nuts" sign.

6.2.7 On School excursions, the following prevention strategies will be implemented.

Field trips/excursions/sporting events

1.	If there is a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff should avoid using food in activities or games, including as rewards.

4.	The General Use Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be carried in a first aid kit taken to all off school site activities. This kit must be easily accessible and School Staff must be aware of its exact location.
5.	All students diagnosed with anaphylaxis must take their own Adrenaline Autoinjector on any off school site activities. Staff must check prior to departure that the Adrenaline Autoinjector is present.
6.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7.	The School should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
8.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
9.	Prior to the excursion taking place School Staff should consult with the student's parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

6.2.8 On School camps, the following prevention strategies will be implemented.

Camps and remote settings

1.	Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide confirmation of relevant qualifications to the School, then the School should use an alternative service provider.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any document from a camp owner/operator that releases the owner/operator from legal liability indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. This will be done as part of the risk assessment procedures in place. If the identified risk minimisation and prevention strategies and processes are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken, in consultation with the Principal/Head of Campus.
6.	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7.	Use of substances containing allergens should be avoided where possible.

8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan and a mobile phone/tracking device must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13. Gippsland Grammar will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14. Gippsland Grammar will purchase an Adrenaline Autoinjector for General Use on School camps to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15. The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
16. The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18. Cooking and art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

6.2.9 On overseas study tours, the following prevention strategies will be implemented.

Overseas travel

1. Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.

2. Investigate the potential risks at all stages of the overseas travel such as:
 - travel to and from the airport/port;
 - travel to and from Australia (via aeroplane, ship etc);
 - various accommodation venues;
 - all towns and other locations to be visited;
 - sourcing safe foods at all of these locations; and
 - risks of cross contamination, including -
 - exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
 - whether the other students will wash their hands when handling food.
3. Assess where each of these risks can be managed using minimisation strategies such as the following:
 - translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;
 - sourcing of safe foods at all stages;
 - obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
 - obtaining emergency contact details; and
 - sourcing the ability to purchase additional Autoinjectors.
 - Checking customs requirements of all countries to be visited for permission to carry Autoinjectors
 - Checking airlines for permission to carry Autoinjectors on the plane.
4. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5. Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
 - there are sufficient School Staff attending the excursion who have been trained in accordance with Ministerial Order 706;
 - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
 - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
 - staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

6. The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
- dates of travel;
 - name of airline, and relevant contact details;
 - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
 - hotel addresses and telephone numbers;
 - proposed means of travel within the overseas country;
 - list of students and each of their medical conditions, medication and other treatment (if any);
 - emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
 - details of travel insurance
 - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
 - possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

6.3 If, having considered the age of the student, the facilities and activities available at the School, and the general School environment, there is any variation to a strategy, this will be communicated to parents and the reason why a decision was made to exclude a particular strategy will be recorded on the Risk Assessment document for each activity.

7. School Management and Emergency Response

7.1 A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be distributed to all staff at the commencement of each term. This list will include photographs of each student. All rolls (both electronic and hard copy) identify anaphylactic students.

7.2 Details of ASCIA Action Plans will be maintained in the Anaphylaxis folder in the Student Services Office (senior school) or Sick Bay (junior schools). Details of Individual Anaphylaxis Management Plans are stored in the same room, in a pouch containing the respective student's EpiPen. The individual Anaphylaxis Management Plans are also uploaded to each anaphylactic student's file on Synergetic. A summary of these plans, including photographs, will also be displayed in the staffroom, Department Offices, Boarding House Office and classrooms.

7.3 A copy of any applicable individual Anaphylaxis Management Plan and ASCIA Action Plan for each participating student must be taken on all excursions, camps, tours or other off-site or out-of-school activities.

7.4 A copy of a boarder's individual Anaphylaxis Management Plan and ASCIA Action Plan must be stored in the Boarding House Office if a boarder is diagnosed as at risk of an anaphylactic reaction.

7.5 If a student who is diagnosed with asthma and has been prescribed an Adrenaline Autoinjector for anaphylaxis suddenly starts to have difficulty breathing, staff will follow the ASCIA Action Plan outlined in Clause 7.6. 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 wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

7.6 In the event that a student experiences an Anaphylactic response, the Emergency Response Procedures in this policy must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan. The response procedures are:

7.6.1 A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

- 7.6.2** It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).
- 7.6.3** The member of the School Staff should immediately locate an Adrenaline Autoinjector and the student's ASCIA Action Plan. This may be the Adrenaline Autoinjector carried by the student, in the first aid kit (if off campus) or a General Use Adrenaline Autoinjector from:
- Garnsey Campus:** Student Services Office, Music Office, Year 9 Office, Boarding House Office (if boarders are diagnosed)
- St Anne's campus:** Sick Bay, Lorna Sparrow Hall canteen, Staffroom
- Bairnsdale campus:** Sick Bay
- NOTE:** if the student is not carrying an Adrenaline Autoinjector, the Staff member should obtain a General Use Adrenaline Autoinjector together with its ASCIA Action Plan from the nearest location described above. If the Staff member cannot get in touch with Staff at that location and is unable to leave the student with another Staff member, they should send two responsible students to the closest location to retrieve the General Use Adrenaline Autoinjector and ASCIA Action Plan, and alert a trained Staff member (who should run to the scene immediately).
- 7.6.4** The Adrenaline Autoinjector should then be administered by a trained Staff member, following the instructions in the ASCIA Action Plan. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use). General directions on how to administer common types of Autoinjector are found on the following pages.
- 7.6.5** The Staff member must contact an ambulance on 000 / 112 or instruct another staff member to do so. Staff should follow all directions given by emergency services and seek assistance from other staff as required (using other students or a phone to call) and notify the School office. Following this, emergency contacts and parents should be contacted.
- 7.6.6** Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit containing an Adrenaline Autoinjector? Who has it?;
 - 'how' to get the Adrenaline Autoinjector to a student; and
 - 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.
- 7.6.7** If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures. This should include immediately contacting an ambulance using 000. It may also include locating and administering an Adrenaline Autoinjector for General Use.
- 7.6.8** **Post-incident support:** An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the Head of Campus, Deputy Head of Campus, Mentor, Head of Year, classroom teacher or School psychologist/counsellor. Communications with School Staff, students and parents must occur in accordance with the Communications Plan in this Policy.

7.6.9 After an anaphylactic reaction has taken place that has involved a student in our care and supervision, it is important that the following review processes take place.

7.6.9.1 The Adrenaline Autoinjector must be replaced by the parent as soon as possible

7.6.9.2 In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.

7.6.9.3 If an Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.

7.6.9.4 The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.

7.6.9.5 The School's Anaphylaxis Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

7.7 A drill to test the effectiveness of the above procedures will be conducted twice per year.

How to administer an EpiPen¹

1.	Remove from plastic container.
2.	Form a fist around EpiPen and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 3 seconds.
5.	Remove EpiPen.
6.	Note the time you administered the EpiPen.
7.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

8 Storage and Accessibility of Adrenaline Autoinjectors

8.1 The Principal will authorise the purchase of one Adrenaline Autoinjector(s) for General Use (purchased by the School) as a back up to the one supplied by parents, for each student diagnosed with anaphylaxis, plus at minimum one additional Adrenaline Autoinjector(s) for General Use for each campus if there is no student at the campus diagnosed with a medical condition relating to allergy and anaphylaxis, to the School's knowledge.

8.2 Adrenaline Autoinjectors for General Use are stored, with ASCIA Management Plans in:

Garnsey Campus: Student Services Office, Music Office, Year 9 Office, Boarding House Office (if boarders are diagnosed)

St Anne's campus: Sick Bay, Lorna Sparrow Hall canteen, Staffroom

Bairnsdale campus: Sick Bay, Yard Duty bag

8.3 The Principal will determine the number and type of Adrenaline Autoinjector(s) for General Use, 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 relating to allergy and anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by parents;

¹ Details on how to administer an EpiPen change from time to time. For the most updated information refer to the ASCIA website.

- 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
- that Adrenaline Autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the School's expense.

8.4 All Adrenaline Autoinjectors and other emergency medications must be stored with a student's ASCIA Action Plan and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

8.5 Parent-supplied Adrenaline Autoinjectors for Personal Use are stored in;

Garnsey Campus: The area stipulated in the student's Individual Anaphylaxis Management Plan, which is central, unlocked and easily accessible (such as the student's pencil case)

St Anne's campus: Red medical bags within the student's classroom

Bairnsdale campus: Orange medical bags within the student's classroom

A copy of each student's ASCIA Action Plan for Anaphylaxis must also be stored with their medical kit, alongside any medication or antihistamine as required.

8.6 The following procedures will be followed for storage of Adrenaline Autoinjectors:

- Adrenaline Autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly;
- Adrenaline Autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- Each Adrenaline Autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis in locations specified above;
- An Adrenaline Autoinjector for General Use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan (Orange), and
- Adrenaline Autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the Adrenaline Autoinjector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

8.7 Whenever Adrenaline Autoinjectors for General Use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and person taking or returning the Adrenaline Autoinjector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.

9. Communication Plan

9.1 This plan seeks to outline the procedures by which we will provide information to all School staff, students and parents about anaphylaxis and the School's Anaphylaxis Policy.

9.2 The Principal is responsible for ensuring that this Communication Plan is developed and implemented to provide information to school staff, students and parents about anaphylaxis and the Anaphylaxis Policy. The Principal is also responsible for ensuring that School staff are trained and briefed in accordance with the requirements of Ministerial Order 706.

9.3 Communication with staff

9.3.1 The first staff meeting of each School year will include:

9.3.1.1 An outline of the Gippsland Grammar Anaphylaxis Policy, especially noting the prevention strategies, emergency response procedures and staff responsibilities.

9.3.1.2 Anaphylaxis briefing as per Clause 10.2

9.3.1.3 Procedures for responding to anaphylactic reaction in various environments

- during normal school activities including in the classroom, in the yard, in all school buildings and sites including gyms and halls as per Clause 7; and

- during off-site or out of school activities, including on excursions, camps and at special events conducted, organised or attended by the School as per Clause 7.

9.3.1.4 All staff will be provided with a summary sheet, with photographs, of students with a current ASCIA plan. This sheet will be displayed in staff offices.

9.3.2 Staff will be directed to notify the Principal, Head of Campus and Student Support Officer immediately following an emergency response to an anaphylactic reaction.

9.3.3 A drill will be conducted to test preparedness for response to an anaphylactic emergency twice per year.

9.3.4 A second staff briefing, as per Clause 10.2 will take place in the first staff meeting of Term 3.

9.3.5 All Thursday afternoon Sport lists will have students at risk of anaphylaxis highlighted for staff. Off campus Sports activities are considered an off-campus excursion for the purposes of this policy.

9.3.6 Informing Volunteers and casual relief staff

The Deputy Head of Campus/Lead teacher must inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

9.4 Communication with parents

9.4.1 We are aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. It is important to develop an open and co-operative relationship with them so that they can feel confident that appropriate management strategies are in place.

9.4.2 All parents are asked at enrolment if their child has any allergies or medical conditions of which the School needs to be aware.

9.4.3 At or before the enrolment interview, parents will be:

- provided with a copy of the Anaphylaxis Policy;
- asked to provide a current ASCIA plan and Adrenaline Autoinjector as soon as possible after the enrolment offer;
- advised of the School's procedures for responding to a student's anaphylactic reaction in various environments (including during normal school activities in the classroom, in the yard, in all school buildings and sites including gyms and halls; and during off-site or out of school activities, including on excursions, camps and at special events conducted, organised or attended by the School).

Students will be able to commence their enrolment only after the ASCIA plan and Adrenaline Autoinjector have been submitted.

9.4.4 For current students, a letter to parents seeking notification of changes to the ASCIA plan and expiry date for the provided Adrenaline Autoinjector will be sent every October, prior to review of Individual Anaphylaxis Management Plans. The School will also communicate to parents any significant changes to the School's procedures for responding to a student's anaphylactic reaction.

9.4.5 Parents will be phoned to discuss and review the ASCIA plan following any reaction and response.

9.4.6 Parents will be phoned by either the Director of Outdoor Education or Person in Charge prior to any School camp, to discuss prevention and response strategies.

9.4.7 In the event that a student suffers an anaphylactic reaction (whether at the School or at an off-site event in connection with the School), staff are expected to respond in accordance with this policy.

After staff have tended to the medical needs of the student (including by calling emergency services), parents will then be contacted by phone at first instance. The School Nurse or first-aid staff are responsible for making contact with parents following an on-site reaction, and in the event of an off-site reaction, responsibility for the communication lies with the Teacher in Charge

Where communication with parents is unsuccessful, the School will make contact with the emergency contact listed on that student's file.

The School is committed to implementing practical prevention strategies, increase awareness about the risks of anaphylaxis and regularly communicate to ensure that appropriate management strategies are in place to manage an anaphylactic reaction.

9.5 Raising school community awareness

9.5.1 All bus drivers of students at risk of an anaphylactic reaction will be provided with a briefing on the ASCIA plan and responses.

9.5.2 Gippsland Grammar will seek to raise awareness about anaphylaxis in the School community so that there is an increased understanding of the condition. This will be done by providing information in the School newsletter twice per year, following the staff briefing in Terms 1 and 3. Resources can be located from:

- The Royal Children's Hospital website;
- The ASCIA website;
- The EpiClub website;
- The Allergy and Anaphylaxis Australia Website;

9.6 Notification to students

9.6.1 Peer support is an important element of support for students at risk of anaphylaxis. School Staff will raise awareness in school through posters displayed in the School canteen.

9.6.2 Teachers will discuss a few simple key messages at appropriate times with students in their classes. These include:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

9.6.2 It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Staff must be sensitive to this situation and always discuss matters regarding anaphylaxis in private with the relevant student.

9.6.3 We are also aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Staff will talk to the students involved so they are aware of the seriousness of an anaphylactic reaction.

Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the School's Building Respectful Relationships Policy.

9.7 Anaphylaxis Communication Plan Timeline

Month	Action	Responsibility
October	Parents of new students for following year identified in enrolment interview with anaphylaxis, provided with Anaphylaxis Policy and asked to provide ASCIA plan. Letter with link to Anaphylaxis policy sent to all affected current parents with request for notification of any changes in ASCIA plan	Registrar & Heads of Campus
November	Individual Anaphylaxis Management Plans prepared for new students commencing in rollover, and reviewed for current students for year ahead.	Student Support Officer Junior School Receptionist
December	Completion and submission of Annual Risk Management Checklist	Principal
January	ASCIA plans prepared/updated and displayed in relevant locations Adrenaline Autoinjectors checked for expiry – new devices sourced from parents School General Use Adrenaline Autoinjectors checked for expiry – new devices purchased if necessary Preparation of summary sheet with photos	Student Support Officer Junior School Receptionist Junior School Receptionist Student Support Officer/Junior School Receptionist
February	Distribution of Anaphylaxis summary sheets Anaphylaxis Staff briefing – first staff meeting Familiarisation with Anaphylaxis Policy responsibilities. Distribution of relevant information & ASCIA plans to bus drivers Distribution of relevant information & ASCIA plans to canteen staff Newsletter article about known anaphylactic allergens at school Conduct drill to test response to anaphylactic reaction	Head of Campus, HODs Head of Campus All staff Bus co-ordinator Head of Campus Head of Campus Head of Campus
July	Anaphylaxis Staff briefing – second staff meeting Article in newsletter about anaphylaxis guidelines relevant to all parents and students at Gippsland Grammar Conduct drill to test School's response to anaphylactic reaction	Head of Campus
August	Training – staff updated in Anaphylaxis Training	Head of Campus
Ongoing	Consult with parents prior to activities as outlined in Clause 6	All relevant staff
Ongoing	Review ASCIA plans and Individual Anaphylaxis Management Plans as required in Clause 5.4	Student Support Officer/Junior School Receptionist
Ongoing	Inform volunteers and casual relief staff of policy and affected students (distribute sheet with photographs and summary)	Deputy Head of Campus/Lead Teacher
Ongoing	A complete and up to date list, including photographs, of students identified as having a medical condition that relates to the potential	Student Support Officer

	for an anaphylactic reaction, will be distributed to all staff at the commencement of each term.	Junior School Receptionist
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10. Staff Training

- 10.1 All Gippsland Grammar staff who conduct classes that students who are at risk of anaphylaxis attend, and any further school staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School) must have successfully completed the ASCIA Anaphylaxis management e-training course for Victorian schools in the two years prior.
- 10.2 Staff must have the completion of any required training verified by staff who:
- are appointed as verifiers; and
 - have completed the 22303VIC and 10710NAT training packages.
- 10.3 All Gippsland Grammar staff, including the staff identified above, must 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 Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use.
- 10.4 The briefing will be conducted by a member of school Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.
- 10.5 In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as possible after the student enrolls, and preferably before the student's first day at School.
- 10.6 The Principal will ensure that while the student is under the care or supervision of the School outside of normal class activities, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed a face-to-face Anaphylaxis Management Training Course in the three years prior, or an online Anaphylaxis Management Training Course in the two years prior.

11. Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

12. Responsibility

The Principal is responsible for monitoring complying with this Anaphylaxis Policy, including by ensuring that:

- the School has an appropriate supply of General Use Autoinjectors;
- the School's procedures for responding to a student's anaphylactic reaction in various environments is communicated to parents; and
- staff are appropriately trained in the School's procedures for managing and responding to a student's anaphylactic needs.

13. Review

The School's Executive Leadership Team will review this Policy annually at minimum, or as required by DET amendments as they arise, in order to meet our compliance requirements.

14. Further information

Latest versions of ASCIA Action Plans and "how to use diagrams" may be obtained from the ASCIA website.

The latest version of the Annual Risk Management Checklist is available from the Education Victoria Website under the Anaphylaxis tab.

15. History

Version	Authorised by	Approval Date	Effective Date	Sections Modified
1	M.G. Clapper	July 2007	July 2007	
2	M.G. Clapper	January 2010	January 2010	
3	G. C. Thomson	February 2013	February 2013	3.2 & Diagrams
4	J. Henry	February 2015	February 2015	All sections
5	J Henry	November 2015	November 2015	7.5 & 7.6
6	Leisa Harper	December 2020	December 2020	All
7	Leisa Harper	July 2021	July 2021	Various

APPENDIX: INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.
It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School	Phone
Student	
DOB	Year level
Severely allergic to:	
Other health conditions	
Medication at school	

EMERGENCY CONTACT DETAILS (PARENT)

Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	
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ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

The student's ASCIA Action Plan should be included here. Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from the ASCIA website:

<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</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 possible 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 (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	