



Bacchus Marsh
Grammar

School Policy

Student Duty of Care

Anaphylactic Shock Management Policy

(Source: Complispace)

Approved by the School Principal 13 March 2022



Anaphylactic Shock Management Policy

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This policy follows the authority provided in the **Victorian Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools** published by the Victorian Department of Education (DET Guidelines), and **Ministerial Order No 706: Anaphylaxis Management in Victorian Schools and boarding premises (Ministerial Order)** and was written in collaboration with Allergy & Anaphylaxis Australia.

1 Source of Obligation

- 1.1.1 The Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.
- 1.1.2 'Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools and boarding premises' (Ministerial Order No. 706) prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6)(c) of the Act.

2 The Hazard – Anaphylaxis

- 2.1.1 Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g., cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).
- 2.1.2 The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.
- 2.1.3 Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as age-appropriate education for students.
- 2.1.4 Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.
- 2.1.5 It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal and all School staff, parents/guardians, students and the broader School community.

3 Bacchus Marsh Grammar's Policy

- 3.1.1 Bacchus Marsh Grammar is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools and boarding premises, and the Department of Education and Training's Anaphylaxis Guidelines (DET Guidelines) as amended by the Department from time to time.
- 3.1.2 The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.
- 3.1.3 It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.
- 3.1.4 It is our policy to:
 - 3.1.4.1 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
 - 3.1.4.2 raise awareness of food and insect allergy and the risk of anaphylaxis and the School's anaphylaxis management policy in the School community
 - 3.1.4.3 engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
 - 3.1.4.4 ensure that staff have knowledge about allergies, can recognise an allergic reaction

including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

4 Our Duty of Care

- 4.1.1 The School has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the School and engaged in School-related activities.
- 4.1.2 When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.
- 4.1.3 Students at risk of allergic reactions, including anaphylaxis, could also be singled out or subjected to bullying behaviour within the wider School community. As part of our Bullying Prevention and Intervention policy, the School maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole School community to recognise and respond appropriately to bullying and behave as responsible bystanders.

5 Safe Work Practices

- 5.1.1 School has developed the following work practices and procedures for managing anaphylactic shock:
- Individual Anaphylaxis Management Plans
 - Adrenaline Autoinjectors – Purchase, Storage and Use
 - Communication Plan
 - Emergency Response Procedures
 - Risk Minimisation Strategies
 - Anaphylaxis Training and Briefings

6 Risk Management Checklist

- 6.1.1 The Principal or School Anaphylaxis Supervisor completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.
- 6.1.2 We regularly check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure the latest version of the Risk Management Checklist is used.

7 The School's Anaphylaxis Supervisors

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

8 Key Definitions

8.1 Adrenaline Autoinjector

- 8.1.1 An adrenaline autoinjector 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). These may include EpiPen® or EpiPen® Jr. Refer to Adrenaline Autoinjector.

8.2 Anaphylaxis Management Training Course

- 8.2.1 This means a course in anaphylaxis management training:
- that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector
 - accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Autoinjector
 - endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Autoinjector
 - any other course approved for the purposes of the Ministerial Order, including an Online Training Course.

8.3 ASCIA

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

8.4 ASCIA Action Plan for Anaphylaxis

- 8.4.1 This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different Adrenaline Autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

8.5 Communication Plan

- 8.5.1 A plan developed by Bacchus Marsh Grammar which provides information to all school staff, students and parents about anaphylaxis and this Policy.
Refer to Communication Plan.

8.6 Individual Anaphylaxis Management Plan

- 8.6.1 An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.
Refer to Individual Anaphylaxis Management Plan.

8.7 Online Training Course

- 8.7.1 Means the course called ASCIA Anaphylaxis e-training for Victorian Schools.

9 Roles and Responsibilities: Principal

- 9.1.1 The DET Guidelines set out the role and responsibilities of the Principal. The Principal must:
- 9.1.1.1 ensure that the School develops, implements and annually reviews this policy in accordance with Ministerial Order No. 706 and the DET Guidelines
 - 9.1.1.2 actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier)
 - 9.1.1.3 ensure that parents/guardians provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
 - 9.1.1.4 ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the School has been notified of that diagnosis
 - 9.1.1.5 ensure that an Interim Individual Anaphylaxis Management Plan is developed for a student where:
 - the School has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it in class), or
 - a student's adrenaline autoinjector has been used or lost and not yet replaced, or
 - a student's adrenaline autoinjector is identified as out of date or cloudy/discooured, or
 - relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.
 - 9.1.1.6 ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
 - 9.1.1.7 ensure the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.
 - 9.1.1.8 ensure that parents/guardians provide the School with two Adrenaline Autoinjectors for their child, for which the expiry date is at least 1 month in the future, and a replacement Adrenaline Autoinjector when requested to do so.
 - 9.1.1.9 ensure that an appropriate Communication Plan is developed and carried out
 - 9.1.1.10 ensure there are procedures in place for providing information to School volunteers and casual relief staff about students who are at risk of anaphylaxis and their role in responding to an allergic reaction of a student in their care
 - 9.1.1.11 ensure that relevant School staff have successfully completed an approved Anaphylaxis Management Training Course and that their accreditation is current
 - 9.1.1.12 ensure that School staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current
 - 9.1.1.13 ensure that all School staff are briefed at least twice a year by the School Anaphylaxis Supervisor (or other appropriately trained member of the School staff), with the first briefing to occur at the start of each year
 - 9.1.1.14 allocating time, such as during staff meetings, to discuss, practise and review this policy
 - 9.1.1.15 encourage regular and ongoing communication between parents/guardians and School staff about the current status of the student's allergies, the School's policies and their implementation
 - 9.1.1.16 ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians
 - annually at the beginning of each school year,

- when the student's medical condition changes,
 - as soon as practicable after a student has an anaphylaxis reaction at the School,
 - whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- 9.1.1.17 ensure that, where students at risk are under the care or supervision of the school outside of normal class activities, there is a sufficient number of appropriately trained staff present
- 9.1.1.18 ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually
- 9.1.1.19 arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the School's first aid kit, stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange).

10 Roles and Responsibilities: School Anaphylaxis Supervisor

- 10.1.1 Anaphylaxis Supervisors must complete the School Anaphylaxis Supervisor Checklist in conjunction with the Principal and other School staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the School.
- 10.1.2 Section 9 of the DET Guidelines sets out the role and responsibilities of the School Anaphylaxis Supervisor.
- 10.1.3 Anaphylaxis Supervisors must:
- 10.1.3.1 work with the Principal to develop, implement and regularly review this Policy
 - 10.1.3.2 obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
 - 10.1.3.3 verify the correct use of Adrenaline Autoinjector (trainer) devices by School staff undertaking an Online Training Course and through completion of the School Anaphylaxis Supervisor Checklist
 - 10.1.3.4 provide access to the Adrenaline Autoinjector (trainer) device for practice by School staff
 - 10.1.3.5 send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to maintain records of training undertaken by staff at the School
 - 10.1.3.6 lead the twice-yearly anaphylaxis briefing
 - 10.1.3.7 develop School-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example if a bee sting occurs on School grounds and the allergic student is conscious or an allergic reaction where the student has collapsed on School grounds and the student is not conscious
 - 10.1.3.8 organise anaphylaxis drills (not unlike a fire drill) in the School to practice getting an adrenaline autoinjector to a student requiring it quickly in an emergency.
 - 10.1.3.9 keep an up-to-date register of students at risk of anaphylaxis
 - 10.1.3.10 keep a register of Adrenaline Autoinjectors, including a record of when they are 'in' and 'out' from the central storage point (for instance, when they have been taken on excursions, camps etc.)
 - 10.1.3.11 work with the Principal, parents/guardians and students to develop, implement and review each Individual Anaphylaxis Management Plan in accordance with this Policy
 - 10.1.3.12 provide advice and guidance to School staff about anaphylaxis management in the School, and undertake regular risk identification and implement appropriate minimisation strategies
 - 10.1.3.13 work with School staff to develop strategies to raise their own, students and School community awareness about severe allergies
 - 10.1.3.14 provide or arrange post-incident support (e.g. counselling) to students and School staff, if appropriate.

11 Roles and Responsibilities: Staff

- 11.1.1 Section 9 of the DET Guidelines sets out the role and responsibilities of the School staff. School staff must:
- 11.1.1.1 know and understand the requirements of this policy
 - 11.1.1.2 know the identity of students who are at risk of anaphylaxis, know their face if possible, what their specific allergy is
 - 11.1.1.3 understand the causes, symptoms, and treatment of anaphylaxis
 - 11.1.1.4 obtain regular training in how to recognise and respond to an allergic reaction, including administering an Adrenaline Autoinjector
 - 11.1.1.5 know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly and follow it in the event of an allergic reaction
 - 11.1.1.6 know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction
 - 11.1.1.7 know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept
 - 11.1.1.8 know and following the individual risk minimisation strategies in the student's Individual Anaphylaxis or Allergic Reactions Management Plan
 - 11.1.1.9 plan for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school
 - 11.1.1.10 avoid the use of food treats in class or as rewards, as these may contain allergens
 - 11.1.1.11 work with parents/guardians to provide appropriate treats for students at risk of anaphylaxis, or appropriate food for their child if the food the School/class is providing may present an allergy risk
 - 11.1.1.12 be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes
 - 11.1.1.13 be aware of the risk of cross-contamination when preparing, handling and displaying food
 - 11.1.1.14 make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
 - 11.1.1.15 raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a School environment that is safe and supportive for their peers.

12 Roles and Responsibilities: Parents/Guardians

- 12.1.1 Section 9 of the DET Guidelines sets out the role and responsibilities of the parents/guardians of a student at risk or anaphylaxis. Parents/guardians must:
- 12.1.1.1 inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis
 - 12.1.1.2 obtain and provide the School with an ASCIA Action Plan for anaphylaxis from the student's medical practitioner that details:
 - their condition
 - any medications to be administered
 - any other relevant emergency procedures
 - 12.1.1.3 immediately informing School staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis
 - 12.1.1.4 provide the School with an up to date photo for the student's ASCIA Action Plan when the plan is reviewed

- 12.1.1.5 meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies
- 12.1.1.6 provide the School with two Adrenaline Autoinjectors for which the expiry date is at least 1 month in the future and any other medications that are current and not expired
- 12.1.1.7 replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used
- 12.1.1.8 assist School staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days)
- 12.1.1.9 if requested by School staff, assist in identifying and/or providing alternative food options for the student when needed
- 12.1.1.10 inform the School in writing of any changes to the student's emergency contact details
- 12.1.1.11 participate in reviews of the student's Individual Anaphylaxis Management Plan.

13 Staff Responsibilities

- 13.1.1 All staff must follow the anaphylaxis management guidelines set out in this Policy.

14 Signage

- 14.1.1 ASCIA Action Plans located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.
- 14.1.2 With permission from parents/guardians, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the School.

15 Implementation

- 15.1.1 This policy is implemented through a combination of:
 - school premises inspections (to identify wasp and bee hives)
 - staff training and supervision
 - maintenance of medical records
 - effective incident notification procedures
 - effective communication procedures with the students' parents/guardians
 - initiation of corrective actions where necessary.

16 Discipline for Breach of Policy

- 16.1.1 Where a staff member breaches this policy, Bacchus Marsh Grammar may take disciplinary action.

17 Further Information

Please refer to either the School's Complispace Program (for staff) or contact the School to obtain the School's full Anaphylaxis Management of Students Program.

18 Related Documents

Adrenalin Autoinjectors – Purchase, Storage and Use (Vic)

Anaphylaxis Training and Briefings (Vic)

Communication Plan (Vic)

Emergency Response Procedures

Individual Anaphylaxis Management Plan Template

Individual Anaphylaxis Management Plans (Vic)

Facilitator Guide for Anaphylaxis Management

Anaphylaxis Management Briefing Presentation
 Risk Management Checklist
 Risk Minimisation Strategies (Vic)
 School Anaphylaxis Supervisor Checklist
 School Supervisors' Observation Checklist
 Risk Minimisation strategies for schools Template

19 Authorisation

School Document No.		
School Document Name	Anaphylactic Shock Management Policy	
Approval Authority	Principal	
Approval Signature	Andrew Neal Principal Bacchus Marsh Grammar	
Administrator	Company Secretary	Greg Gough
Approval Date	18 March 2022	
Date of Next Review	18 March 2024	To be reviewed every two years

20 History

Date	Amendment
1 May 2017	1. New policy
1 May 2018	2. Reviewed
1 August 2019	3. Reviewed and new format
2 June 2020	4. Reviewed version 3
26 May 2021	5. Reviewed version 3.1
27 October 2021	6. Reviewed and added additional related documents that support the policy
18 March 2022	7. Updated to include individual that the Anaphylaxis Management Plans include strategies to minimise the risk of exposure to known and notified allergens.